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Northwest Territories Health

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I
foreword

Just as the Dettah Drummers opened the workshop with a prayer song to give us guidance and to give us strength, so too George Eckalook's closing prayer drew us all into a circle to help us remember the special value and significance of each person's contribution to the workshop, as well as the wholeness of health.

The workshop was held in Yellowknife on June 28 and 29 and brought together a kaleidoscope of participants. . . 60 people from communities, health boards, native organizations, women's groups, cultural institutes, the Government of the Northwest Territories Departments of Health, Education, Social Services, Municipal and Community Affairs, universities, northern researchers, the Science Institute of the Northwest Territories, northern health-related agencies and associations and others. . . to work together, share ideas and set priorities for what we believe are the most important health research issues facing the Northwest Territories.

Northerners have been working toward this goal from various perspectives for a long time. The Dene Cultural Institute and the Inuit Cultural Institute have supported elders in identifying and strengthening their traditional ways. The Inuit Women's Association, Pauktuutit, and the Native Women's Association have conducted research into traditional birthing practices.

A number of the workshop participants have been committed to improving the health of northerners for much of their lives. For example, Bella Ross, an elder from Fort McPherson, has been helping to document traditional health through the Dene Traditional Medicine Project. Many researchers, like Dr. Otto Schaefer, continue to dedicate themselves to assisting northerners achieve good health.

Administrators and planners, such as Michael Pontus of the Northwest Territories Department of Health, Dr. Brian Wheatley of the Yukon Department of Health and Human Resources, Ms. Sheena Lee and Dr. R.A. Heacock of Health and Welfare Canada, as well as Dr. Robert Janes of the Science Institute of the Northwest Territories, have worked toward ensuring that northerners are genuinely involved in programs which affect their lives, and establishing community-based health research programs which guarantee the full participation of northerners.

The Government of the Northwest Territories has developed the supportive environment which encourages this community involvement. They have given clear indication that they are prepared to support such initiatives. An important example is the establishment of

the Regional Health Boards and community-based Health Committees.

This workshop was a positive step for those interested and involved in northern health issues. The priorities identified by the participants clearly reflect many of the needs and concerns of northerners. Participants stressed that increased northern involvement in health research, health care, and health practices, must be better realized before the people of the North can attain the best possible physical, emotional, mental, social and spiritual well-being.

The organizers extend their sincere thanks to all who helped to get this work done, and continue to work toward giving the recommendations of the workshop high priority for health research in the Northwest Territories.

F. Ian Gilchrist
October, 1989

II
workshop summary

The workshop, **Health Research North of 60**, was organized by the Northwest Territories Department of Health, the Science Institute of the Northwest Territories, and was funded by Health and Welfare Canada. It took place in Yellowknife on June 28 and 29, 1989 and involved 60 participants from across the territories and beyond.

Five main themes came out of the discussions and influenced the participants' choice of research priorities for the Northwest Territories.

The first of these is that health is affected by a number of factors, some of which may not be commonly associated with health. This led to the conclusion that, like a medicine wheel, health is made up of many parts which work together to form a whole. Policies and programs should be developed with this in mind.

The second was a perception that in the Northwest Territories a real effort will be needed if the health system is to become more relevant to the communities it serves. This can only be done by continuing to involve communities more directly and effectively within the health system.

A third theme was expressed as the need to recognize the importance of traditional aboriginal systems of health which predate the current Euro-Canadian approach. Participants felt that traditional knowledge and resources must become an integral part of a comprehensive health system for the Northwest Territories.

The fourth theme was that health research should be designed and conducted in a positive way, so that it strengthens communities by giving them an important role in the development and delivery of health programs.

Finally, there was the view that within the Northwest Territories priority should be given to applied research rather than research which does not have practical applications. The participants agreed that most health problems in the North are quite well known, but that much more needs to be done to find effective solutions to those problems.

An exception to this point relates to environmental contaminants where it was felt that more basic information is needed about contaminants for measuring risks and changes in their distribution and potential impact on health.

From these themes it was possible to identify ways in which the value of individual research initiatives in the Northwest Territories could be measured. These were:

1. Research focus and design should reflect community needs. The community should be involved in the research, advised of its results, and should be able to use the results in some way.

2. Research should look at the value of existing programs and suggest improvements.

3. Research should focus on the development of solutions rather than the simple definition of problems.

Health research priorities were organized under ten headings. Each of these was supported by a number of more specific priorities and suggestions for initiatives. The final report has been designed to assist researchers and organizations to develop research proposals relevant to the unique needs of the Northwest Territories. The headings are listed below.

Community involvement

Meaningful community involvement is necessary in the identification of health priorities, and in the planning and implementation of health programs.

Traditional health care

Improvements to the health system should include the identification of traditional aboriginal health practices and resources in the Northwest Territories, and the incorporation of these in a comprehensive health system.

System effectiveness

Improving the effectiveness of the health system will require new approaches to the way policies, programs and human resources are applied.

Inter-relationship of health factors

A better understanding is needed of the inter-relationship of factors affecting health in the Northwest Territories.

Values and practices

New approaches are needed to identify and reinforce traditional values, customs and institutions which have a positive influence on community and individual self-esteem and well-being. Those values, customs and institutions must be adapted to modern-day needs.

Communication and information

New approaches to communication and education on health issues are required, in order to meet the health needs of Northwest Territories communities.

Socio-economic environment

A better understanding is needed of the physical, economic, cultural and spiritual environment as it affects the health of northerners, particularly the ways rapid social, economic and cultural change affect physical and mental health.

Environmental contaminants

Complete baseline information is needed on the distribution, types and current levels of contaminants present throughout the Northwest Territories. Monitoring and evaluation of changes in the presence and level of those contaminants is also needed.

Physical health issues

New approaches are required to address issues and concerns relating to the physical health of individuals and communities, including causes, information needs, interventions and costs.

Mental health issues

New approaches are required to address the major issues and concerns relating to the mental and emotional health of individuals and communities, including cause, information needs, response options and costs.

III
background

In 1988, following discussions with representatives of the Northwest Territories Department of Health, the Science Institute of the Northwest Territories, and the Government of Yukon Department of Health and Human Resources, Health and Welfare Canada introduced a special health research initiative on community health and health services delivery for the two northern Territories.

Ms. Sheena Lee provided an introduction to NHRDP.

The purpose of the initiative, set up under the National Health Research and Development Program (NHRDP), was to provide funds and direction for health research to meet the unique needs of the territories north of the 60th parallel. Fundamental to the initiative was the requirement that northerners play a leading role at all stages of the research.

It was agreed by those involved that research priorities should be determined through consultation with people from across the territories. It was thought that the best way to do this would be through a workshop involving individuals and organizations with an interest in health in the North. The first workshop would be organized by the Northwest Territories Department of Health and the Science Institute of Northwest Territories, with funding from Health and Welfare Canada.

The priorities established by the workshop would give direction for health research in the Northwest Territories by making sure that worthwhile projects receive funding through the initiative. They would also provide guidelines for government and independent researchers and agencies interested in carrying on research in the Northwest Territories.

The workshop was held in Yellowknife on June 28 and 29, 1989 and involved sixty people from the Northwest Territories, Yukon, Alaska and southern Canada.

IV
health research: categories and objectives

The Honourable Nellie Cournoyea welcomed the participants and opened the workshop.

". . .we wish to bring in a new era of research; an era where health research is given a broader meaning; an era where the research undertaken is in accordance with the North's priorities. . .

". . .We want research that can be applied. Northerners like useful research – research which governments, health professionals and the public can use to improve health in all its aspects and facets."

Honourable Nellie Cournoyea. Minister of Health
Government of the Northwest Territories

For the workshop participants, health was seen as more than just the reduction of disease or disability and the effective treatment of physical and mental problems. It was seen as a state of *physical, emotional, spiritual* and *social well-being.*

When we look at health in this way, it is clear that there are a number of things which can affect it, and for the purposes of the workshop these were divided into five categories:

1. Support for health development
2. Healthy lifestyles
3. Healthy environment
4. Appropriate care
5. Fundamental requirements for health

In a World Health Organization framework for health research, these categories, and the way they relate to each other, are shown as a triangle with each one building upon the others to achieve the goal of good health. This is shown in Figure 1.

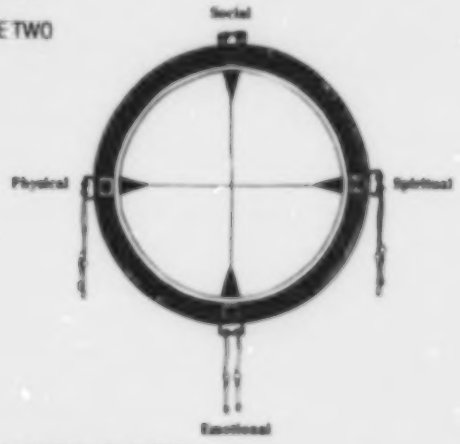
FIGURE ONE

WORLD HEALTH ORGANIZATION MODEL

It was suggested in the workshop that a circle around the framework would help to show how many different parts bring things together to make up a whole, as in a

traditional medicine wheel or drum. This is shown in Figure 2.

FIGURE TWO



THE MEDICINE WHEEL MODEL
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". . .we believe in our traditional ways. . .everything evolved around the circle. . .You can have that structure (triangle) but I can see a circle going around there for the holistic approach of traditional medicine."

"...Edek'ǫǫ gótídìh ta'ǫ́ á go~ǫ́ náhthítsę ... t'ahsı adezhǫ nahłǫǫgó~é t'áh agùht'e ... Nahxų t'ahsı memédzié tse gǫǫlı k'ǫǫ meghá~ahnda, kaondìh hó nahxı nazegha methǫhłǫǫgó~é t'áh meghá~ída. Ezhı gok'ǫǫ á edek'ǫǫ naídìı t'áh edek'é~ídìh ɥé."

Bertha Blondin. Native Women's Association of the Northwest Territories Yellowknife, Northwest Territories

As a starting point for discussion, the participants used a list of proposed research topics sent in by themselves, and by others involved in health care in the Northwest Territories, before the workshop. (This list of topics is included at the end of the report.)

Participants were encouraged to add to, or to change, the list as they worked toward a consensus on what they considered the research priorities for the Northwest Territories. It was clear that there was a feeling that research well done could have important results.

". . .one of the advantages for researchers working in small populations in the North is that [when] incidence [of disease etc.] is very high . . .you get answers much more quickly than in a large population with low incidence. . . All these things have great impact, potentially, on the rest of the country."

Dr. Brian Postl.
Head, Department of Community Health Sciences
University of Manitoba, Winnipeg, Manitoba

The workshop consisted of both small group discussions, and general sessions in the morning, after lunch, and last thing in the afternoon, where everyone came together to review the work of the small groups. Invited speakers provided guidance for the discussions at general sessions.

The session at the end of each day provided an opportunity for participants to present conclusions and recommendations for which general agreement had been reached and which everyone had worked toward.

". . .it is important to recognize that everyone here has something to contribute and that is precisely why the workshop was organized the way it is."

Dr. Robert Janes. Executive Director
Science Institute of the Northwest Territories
Yellowknife, Northwest Territories

There were five discussion groups, each based on one of the World Health Organization categories used for the workshop. Participants were assigned to groups based on their own preference, their expertise in special areas, or because the topics they had sent in for discussion indicated an interest in certain fields.

The groups and their discussions concluded the following:

Ms. Bella Ross and Ms. Bertha Blondin talk about the importance of traditional health practices in the Appropriate Care group.

Group 1: Support for Health Development

Reaching health goals is not just the responsibility of health professionals or of governments. Success requires close co-operation between all parts of society.

The involvement of communities is important to ensure that the right health priorities are defined and selected. The effectiveness of policies and programs depends upon the support and participation of the community. Society as a whole must also make sure that the best people and resources are available to reach health goals.

Decision makers and planners in all fields must be aware of how their activities affect the health of the people.

". . .if we could get more people trained at the community level, we would not have the problems we are discussing today. "

Trevor Pollitt Chief Executive Officer
Baffin Regional Health Board
Iqaluit, Northwest Territories

Group 1 agreed on the following objectives for the Support of Health Development:

1. To ensure a sense of individual and community control over the definition of priority health issues, and community participation in the development of the appropriate responses to those issues within the health system.

2. To achieve a sense of ownership and authorship of the research and the health system on the part of communities.

3. To ensure that the appropriate level and type of resources are available to meet health needs.

". . .most communities, anywhere in Canada, do not have the background that will allow them to design research which will provide clear answers to research questions. What we needed, therefore, was a mechanism that would allow for a successful marriage between communities with research problems, and people with formal research skills, so that the contributions of both can lead to good quality research which has a high degree of relevance to the community."

"...la plupart des communautés, partout au Canada, n'ont pas la formation leur permettant de mener des recherches qui fourniront des réponses précises à leurs questions. Par conséquent, ce dont nous avions besoin était un mécanisme qui permettait une union parfaite entre les communautés ayant des problèmes de recherche et les gens ayant reçu une formation scolaire en recherche, de façon à ce que l'apport des deux puisse mener à une recherche de bonne qualité ayant une pertinence de premier ordre pour la communauté."

Sheena Lee Director
National Health Research Development Program
Health and Welfare Canada, Ottawa, Ontario

The effectiveness of policies and programs depends on the support and participation of the community.

Group 2: Healthy Lifestyles

"The family unit must be seen as the focus of the spirit, mind and body, and of health well-being."

Martha Greig Executive Director
Inuit Women's Association (Pauktuutit)
Ottawa, Ontario

The way people choose to live has a lot to do with their physical and mental health. Each of us can do a lot to make sure we stay healthy by not exposing ourselves to health risks and by making the right choices in our diet, work, and other aspects of our day-to-day lives.

". . .a little guy can sit down at a drafting table in New York and figure out how I think and what makes me tick . . .and can get me to change my brand of toothpaste. . . Why is it in health we have not made marketing our number one priority . . .how to reach people."

Caroline Anawak
Keewatin Regional Health Board
Rankin Inlet, Northwest Territories

"The family unit must be seen as the focus of the spirit, mind, and body, and of health well-being."

Group 2 agreed on the following objectives for Healthy Lifestyles:

1. To support the development of attitudes and behaviour that promote a sense of well-being, self-sufficiency and self-esteem on the part of individuals and communities.

"There is danger for children who witness their parents fighting physically. This creates a problem within the child and it stays with the child throughout the child's development."

Pregoviee Natanlak
Northwest Territories Advisory Council on the Status of Women
Broughton Island, Northwest Territories

2. To provide support to institutions and practices that encourage healthy and successful communities and which support the physical and mental health of the residents of those communities.

"When you have a community the size of Arviat and the only recreation available is the school gym. . .depression in young people sets in, especially during the winter months when day light hours are very short."

George Echalook Chairman
Baffin Regional Health Board
Resolute Bay, Northwest Territories

Group 3: Healthy Environment

"Just looking at the puddle tells you that it is poison or a disease-ridden pond where kids play. I think this is why a lot of children have ear problems, running noses, colds."

Tom Ouligout Executive Director
Inuit Cultural Institute, Arviat, Northwest Territories

A significant contributor to health is the environment in which people live and work. Efforts to improve health must therefore include creating a positive physical, social and economic environment.

Group 3 agreed on the following objectives for Healthy Environment:

1. To develop a better understanding of the physical, social and economic environment of communities and of the relationship of this environment to the physical and mental health of individuals.

". . .[there is] a real dearth of understanding with respect to the whole area of . . . mental health issues related to our high crime rates and treatment of people in prison."

Alan G. Doume Acting Director
Alcohol, Drug and Community Mental Health Services
Department of Social Services, Yellowknife

2. To develop a better measure of the rates of accumulation of the various contaminants being deposited in all parts of the Northwest Territories' environment.

". . .this applies to a mind-boggling array of chemicals which reach the Northwest Territories, most, probably, through air currents and water currents, with biomagnification and bio-concentration in a manner that places the

The way people choose to live has a lot to do with their physical and mental health.

population of the Northwest Territories at substantial increased risk because of the unique nature of their diet, which is limited, and derived heavily from land and sea mammals."

Dr. David Kinloch. Chief, Field Epidemiology
Laboratory Centre for Disease Control
Health and Welfare Canada, Ottawa, Ontario

Group 4: Appropriate Care

"It is a real challenge to find ways in which to bring together the traditional knowledge and approaches, and the western or Euro-Canadian knowledge and approach. But if we are ever to attain our objective of self sufficiency. . .then it is going to be necessary."

Joanne Barnaby. Executive Director
Dene Cultural Institute
Yellowknife, Northwest Territories

Achievement of goals in health care will require the best use of available resources. These resources must be expanded to include traditional health care practices, and the focus of health care must shift in such a way as to look at the root of problems rather than at just their signs and symptoms.

Group 4 agreed on the following objectives for Appropriate Care:

1. To develop health care systems which reflect traditional, aboriginal health care practices.

2. To develop an integrated approach to health programs which combines health care systems, practices and research.

Appropriate care is discussed by Ms. Martha Greig and Dr. Laurence Elliot in group four.

A significant contribution to health is the environment in which people live and work.

Group 5: Fundamental Requirements for Health

". . .We are still looking at about 40 per cent of children having some hearing disability related to chronic otitis media."

Dr. Brian Postl.
University of Manitoba, Winnipeg, Manitoba

Although good health depends upon a healthy environment, a healthy lifestyle, appropriate care, and community support and involvement, there remains the problem of diseases and other related conditions common in the territories.

". . .we know that lung infections in native children are still the leading cause of morbidity and death."

Dr. Otto Schaefer.
Edmonton, Alberta

". . .lung cancer is an appalling waste of life in the Northwest Territories, particularly for the Inuit, where both male and female rates stand out like skyscrapers against the rates for other groups."

Dr. David Kinloch. Chief, Field Epidemiology
Laboratory Centre for Disease Control
Health and Welfare Canada, Ottawa, Ontario

Group 5 agreed on the following objectives for Fundamental Requirements for Health:

1. To propose ways to develop, promote and maintain a condition of physical, mental and emotional well-being and self-sufficiency among individuals and within the communities.

2. To look at physical as well as mental and emotional health issues at their most basic level as they affect personal health. It is important for people to be able to remain close to their communities both in sickness and in health.

"In our communities in the Northwest Territories, the women should be able to have their children in their home community instead of having to travel to larger centres."

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Peepeelee Nutaralak,
Northwest Territories Advisory Council
on the Status of Women
Broughton Island, Northwest Territories

Participants discussed the fundamental requirements for health.

"The women should be able to [give birth to] . . . their children in their home community, instead of having to travel to larger centres."

V
general principles

". . . the conditions of housing are related not only to physical health, but to mental health as well."

Several principles emerged from the workshop discussions. They are important because they reflect the views of a cross-section of participants and led to a consensus on research priorities. These principles are also standards against which future health research may be assessed. They are summarized below:

An Holistic Approach

"Since a positive state of physical, mental and social well-being is as much our goal as the reduction of disease and disability, we must be prepared to see the whole person within the context of their daily life."

Honourable Nellie Cournoyea, Minister of Health
Government of the Northwest Territories

There was recognition of the idea that many things affect our health, and that we must consider all of them together when we are designing health care policy, programs, and research. As we strive for a healthy system, we must look after all of the parts and make sure they are working toward the same goal.

A frequently cited example was the way that the environment, created by inadequate living conditions, can influence the physical and mental health of individuals. In the same way, the physical and mental health of individuals can affect their living conditions and the social and physical environment surrounding them.

"We believe there is sufficient evidence that the conditions of housing are related not only to physical health, but to mental health as well. . ."

Dr. David Kinloch,
Laboratory Centre for Disease Control
Health and Welfare Canada Ottawa, Ontario

There was a general feeling that this may be particularly true of the Northwest Territories, where the physical living conditions of a large number of people may still be classed as inadequate, and where they have been exposed to a prolonged period of cultural, social and economic change.

Making the Health System More Relevant

". . .if our people become more empowered in our own health issues then we will have healthier communities and can deal more constructively with the institutions that are in place. Many people in the communities feel alien-

ated from the institutions that are supposedly there to help us."

Eileen Melnychuk, Women's Secretariat
Yellowknife, Northwest Territories

Workshop participants were concerned that health care priorities, including research, were often not the same issues that the communities considered most important.

In part, this was seen to be a result of the way the health system is organized — it often makes it difficult for individuals to participate. It was also seen to be a result of the fact that many health care providers do not stay in one community for very long.

"...the nursing shortage is across the world and the United States have all kinds of monetary benefits to offer. We keep trying to sell the challenge of the North, but sometimes that just doesn't cut it."

Mary Ann Sinclair, Regional Nursing Officer
Health and Welfare Canada, Yukon Territory

In the Northwest Territories, there is a high turnover of health care professionals and a dependence on hiring people from southern Canada. This means that many health care providers have little experience or understanding of the culture of the communities where they work. The health of the individual and communities cannot be well cared for without this sort of understanding.

The usefulness of their professional knowledge and skills may be limited by the difficulty some health care providers have communicating that knowledge effectively to their community.

"...if they need community workers . . . it should be someone who knows their own language and a person who lives there and knows what's going on in the community."

"...savaktiuarvikkumik inuuniarvimmini ... inuvialuktun ogalayumik inuuqatiilu ilaimagumigit inuuqvimmi."

Jean Gruben, Inuvialuit Social Development Program
Tuktoyaktuk, Northwest Territories

A strong effort is needed to attract northerners into professional and para-professional positions within the health system. Participants felt that northerners should be trained as "local community health workers". They would help make the health care system part of their communities by bridging the cultural gaps that can be difficult for outsiders to overcome. At this time there are no nurses or doctors of aboriginal origin in the Northwest Territories.

The participants felt that northerners should be trained as local community health workers.

The lack of community input can result in a health care system with priorities, policies and programs that fall short of addressing both the real and the felt needs of the community. It can lead to a lack of understanding of those priorities, policies and programs, and makes it difficult for people to be enthusiastic about them.

The participants suggested that many of the research priorities which came out of the workshop could prove useful for planning and program development in the Department of Health.

The participants also felt that communities should be involved at the earliest stages of research determination and design, as well as in the research itself. They felt, too, that communities should be provided with the results and interpretation of research. The goal is for communities to feel a sense of "ownership" and "authorship" of research created by and for them.

Recognizing Traditional Systems

". . .we can relate traditional, western, southern medicine with traditional methods of healing and how we can work together . . . because the standard, southern approaches to treatment and prevention of certain diseases do not always work up here, because of different conditions and different cultures."

Dr. Carolyn Pim. Territorial Epidemiologist
Department of Health
Yellowknife, Northwest Territories

The Northwest Territories is unique in Canada because most of its people belong to one of several aboriginal cultures.

Before the arrival of Europeans in the North, these cultures had comprehensive and integrated health systems consisting of traditional medicines, practices and beliefs. These were important to the physical and mental health of the people. Workshop participants felt that understanding and recognizing these systems is essential to the development of an effective health care system for the Northwest Territories. They felt that these traditional systems could be successfully integrated with the present Euro-Canadian approach to health care, and that this goal should be an important focus for Northwest Territories health research.

"...these cultures had comprehensive and integrated health care systems consisting of traditional medicines, practices, and beliefs."

". . .the elders meet there and they talk about what kind of medicine they use from plants . . . I have it here, it is written down. Maybe you could pass it around."

"Nakhwo anjoo kat azhik hnıgıjıl ts'at dachan tat gwıts'at jıdı agoondaıh gut'adahch'uu eenjıt nihkhah gıgunkhih ... dagwınuu tthak zhıt danh gwıdınıdhıhtl'oh. Tthak ts'at hanoh'yaa eenjıt vakak gwınoh'ih."

Bella Ross. Dene Elder
Gwich'in Language Centre
Fort McPherson, Northwest Territories

Strengthening Communities

". . .the types of research which end up with data which make people feel more helpless are not a priority for the North . . . research which will lead to data and statistics and results which make people feel empowered and more able to control . . . that I am much more interested in."

Dr. Paul Cappon. Montreal General Hospital
McGill University, Montreal, Quebec

The results of some research can leave a community feeling powerless — as if nothing they did could affect the way things turn out. On the other hand, research can produce information that suggests, or points the way to, effective action. The participants felt that emphasis should be given to research initiatives likely

to illustrate or demonstrate positive approaches to health issues and concerns.

By revealing what can be done — or what has worked in the past — research can strengthen a community by helping them find effective responses to concerns facing them.

". . .for me the whole thing is to bring out what the communities themselves can do in the mental field."

Maureen Stapleton. President
Canadian Mental Health Association (Northwest Territories)
Yellowknife, Northwest Territories

Applied Research

". . .from our perspective we see it being critically important that the kind of research which gets encouraged, pushed and supported is the kind of research which is going to lead to changes, going to impact, going to do constructive and useful things."

Dr. F. Ian Gilchrist. Workshop Chairperson
Northwest Territories Department of Health
Yellowknife, Northwest Territories

There was a strong feeling that in most areas of northern health there was a need for studies to evaluate current approaches and to propose improvements. A need was also seen for research which would produce more effective intervention, rather than just laboratory research or the simple gathering of baseline information.

". . . the whole thing is to bring out what the communities themselves can do in the mental health field."

". . .I was quite disturbed to find that no research, or very little research, has been done that would demonstrate the health value of country food."

Joanne Barnaby. Executive Director
Dene Cultural Institute
Yellowknife, Northwest Territories

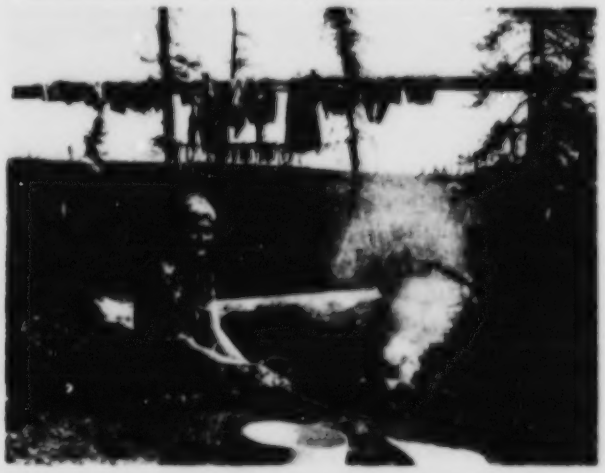
There was agreement that most health care problems in the North have been described, but that much more needs to be done to discover effective solutions to those problems.

An exception to this general feeling lay in the area of environmental contaminants.

The exposure of the Northwest Territories to air- and water-borne pollutants, from inside and outside its boundaries, seems to be increasing. The potential impact of those pollutants upon the lifestyles, and the physical and mental health of people who still depend heavily on the natural resources of the land and sea is great. The need for a real effort to develop baseline information in this area is felt to be urgent.

To best understand how contaminants are affecting us, and will affect us in the future, we need to have good information on the current levels and types of contaminants in the environment.

". . .The younger people ask why there are so many chemicals around, like PCBs. They wonder why they should



". . . very little research has been done that would demonstrate the value of country food."

fish and seal and whatever when they have PCBs. How many chemicals are in the fish? The older people say 'never mind, we have been living like this all our lives, why should we stop now.'"

Jean Gruben. Inuvialuit Social Development Program
Tuktoyaktuk, Northwest Territories

Criteria for Evaluating Research Proposals and Findings

". . .under the umbrella of cultural and social change, we need to come to an understanding of how various health practices promote healthier individuals. . .dietary practices, sexual practices, housing practices. . .maybe behaviour should be in there too."

Dr. Harriet Kuhnlein. Director
School of Dietetics and Human Nutrition
McGill University, Montreal, Quebec

From the general principles that emerged in workshop discussions, it is possible to develop three criteria that can be applied to health research proposals in the Northwest Territories.

The participants felt that these criteria should be used as a guide when assessing the value of research proposals, and as a means of encouraging researchers to look at certain problems in useful ways, but not as a means of excluding projects. The criteria are listed below.

1. Research focus and design should reflect community needs, and follow from community consultation. Where possible, the community should be involved in the research program, and be provided with the research results and their meaning.

2. Research should be evaluative and intervention-oriented — it should help northerners to see how well they are doing and what they should consider changing.

3. Research focus and design should aim for positive solutions to health concerns, rather than being limited to the definition or description of those concerns.

We need to have good information on the current levels and types of contaminants in the environment.

"If these Departments have sufficient technical solutions to these health related issues and the communities are not accepting them, clearly it is an important problem. You are spending a lot of time developing the solutions and nobody is buying into them."

Dr. Robert Janes. Executive Director
Science Institute of the Northwest Territories
Yellowknife, Northwest Territories

Individuals and organizations doing health research in the Northwest Territories need to be aware of the care that must be taken in the presentation and interpretation of research findings to the people. Concern was expressed that misconceptions about their meaning, especially where they generate fear or even panic, could cause more harm than the original problem itself. The findings must be presented in a useful and understandable way.

". . .I have heard the term 'safari research'. . .where the researcher arrives, collects the data like a hunter in Africa . . . to be a trophy on the wall . . . then leaves with nothing left in the community or region where the trophy was collected."

Sheena Lee
National Health Research Development Program
Health and Welfare Canada, Ottawa, Ontario

VI
summary of research priorities

To better understand the research priorities identified in the workshop, a number of initiatives are listed as examples of what might be done. These came from the discussions at the workshop and from the list of research topics sent in by workshop participants.

The list is not intended to be exclusive or complete, and the topics are not in order of importance.

Community Involvement

Meaningful community involvement is necessary in the identification of health priorities, and in the planning and implementation of health programs. Priorities to include:

- Approaches to help communities participate in health planning and priority setting for health research and programs, program delivery and evaluation. An initiative could look into cooperative health planning programs.
- The identification and evaluation of community resources and their potential contributions to health, including people and organizations, traditional resources and information, foods and lifestyles. An initiative could look at the nutritional value of traditional foods.

Elders like Noah Piugattuk, of Igloolik, (left), and George Blondin, of Ft. Franklin, (right), have an important role to play in the identification of traditional health practices.

Traditional Health

Improvements to the health system should include the identification of traditional aboriginal health practices and resources in the Northwest Territories, and the incorporation of these in a comprehensive health system. Priorities to include:

- The documentation and evaluation of traditional health practices, including medicines, of the indigenous cultures of the Northwest Territories. This could be done through elders' conferences and through an examination of the experiences of aboriginal organizations in other countries which have attempted this.
- To assess traditional approaches to preventing and dealing with family violence and child sexual abuse.
- An examination of the relationship between changing diets and the increase in nutritional diseases like diabetes.

System Effectiveness

Improving the effectiveness of the health care system will

Meaningful community involvement should include the identification and evaluation of community resources and their potential contributions to health.

require new approaches to the way policies, programs and human resources are applied. Priorities to include:

- Finding ways to get qualified health care providers, who are familiar with the Northwest Territories and the communities in which they work, to stay for longer periods of time.
- Developing specialized training which reflects the cultural distinctiveness of northern communities. This could include a look at the impact on health of cultural differences between patients and care givers. An initiative could develop cross-cultural sensitivity and training programs for health care providers.
- The development of ways to organize increased community involvement in the health system.
- The involvement of more northerners, particularly aboriginal people, as health care providers at the community level.
- An examination of the feasibility and procedures needed to introduce local para-professional, health workers.
- Alternatives to the way medical evacuations and hospitalizations are carried out.
- Pilot projects featuring traditional birthing practices, both before and after childbirth.
- The development of new approaches to community-based prevention and rehabilitation programs within the health and criminal justice systems.

A priority of an improved health care system must be to find ways to get qualified health care providers, who are familiar with the North, to stay for longer periods of time.

The participants felt that more aboriginal people should be involved as health care providers.

- The development of new ways to measure and describe factors affecting physical and mental health, such as: nutrition and diet, immunization, and causes of illness and death. These new approaches will include ways to communicate information in different ways, depending on the lifestyle, age, and culture of the people.
- The development of standard language for health and medical issues.

Inter-relationship of Health Factors

A better understanding is needed of the inter-relationship of factors affecting health in the Northwest Territories. Priorities to include:

- The effects that housing conditions have on physical and mental health.
- An examination of whether peoples' attitudes about health vary within communities. Do age, income, and other factors affect how people take care of themselves and each other?
- The ways in which mental health, physical health, and social problems affect each other. What factors might be unique in Northwest Territories communities? An initiative could examine the relationship between these factors and bodily injury.

Do age, income, and other factors affect how people take care of themselves?

Values and Practices

New approaches are needed to identify and reinforce traditional values, customs and institutions which have a positive influence on community and individual self-esteem and well-being. Those values, customs and institutions must be adapted to modern day needs. Priorities to include:

- Mental health programs designed by the communities to promote and maintain individual self-esteem and well-being.

- The identification of traditional values and institutions as they relate to the promotion of mental and physical health. An initiative could include a look at custom adoption. Another could assess the development of community support for the elderly and handicapped.

Communication and Information

New approaches to communication and education on health issues are required, in order to meet the health needs of Northwest Territories communities. Priorities to include:

- Innovative and culturally-sensitive education and information programs in cross-cultural settings. Initiatives could include:

  - an analysis of teenage sexuality and pregnancy

  - pictorial information and public education programs promoting the safe use of prescription and non-prescription drugs

  - information in the aboriginal languages describing infectious diseases and their symptoms and effects

  - community-based accident prevention programs.

- New ways of communicating the attractiveness of careers in the health system of the Northwest Territories for northerners, and particularly for aboriginal people.

- Improved communication between health care providers and the community including: terminology, information gathering and exchange systems, monitoring and evaluation of health problems, as well as intervention programs.

Socio-Economic Environment

A better understanding is needed of the physical, economic, cultural and spiritual environment as it affects the health of northerners, particularly the ways rapid social, economic and cultural change affect physical and mental health. Priorities to include:

- The effect of high food prices and the availability of fresh food on peoples eating habits.

- Social and economic factors affecting health in northern communities.

- Poor housing as a contributor to respiratory diseases and to other chronic and infectious diseases. An initiative could look at the social and mental health problems connected with people living in overcrowded houses.

- The quality of community and municipal services and their relationship to health.

- The development of new technology for housing, municipal services and sanitation in northern communities.

New approaches to communication and education on health issues are required.

- Analysis of types of work and working conditions and their effects on the physical and mental health of northerners. An initiative could include a study of the effects of such things as air quality, harmful substances, work-related stress, and technological change.

Environmental Contaminants

Complete baseline information is needed on the distribution, types and current levels of contaminants present throughout the Northwest Territories. Monitoring and evaluation of changes in the presence and level of those contaminants is also needed. Priorities to include:

- Measurement of the contaminants people are taking in, and how much is stored in their bodies. What are the health risks over the long term? Does the contamination of traditional foods carry a risk to mental health? An initiative could look at whether breast feeding practices, employment, or stress levels change as our knowledge and understanding of contaminants change. How have the results of environmental studies affected what people eat, where they work, and generally how they live?

- Further baseline studies to show the type and level of contaminants in the environment. Specimens of wildlife and plants should be collected regularly as a means of following changes over time. An initiative could study the effects that small amounts of contaminants have on northerners over a long period of time. Another could examine whether some people have natural body protection from the effects of contaminants and whether they can be monitored in people's blood?

- The development of ways to deal with complex environmental issues. How are we going to handle these problems, now and in the future?

Physical Health

New approaches are required to address issues and concerns relating to the physical health of individuals and communities, including causes, information needs, interventions and costs. Priorities to include:

- Analysis of diseases and health conditions which are more common in the Northwest Territories than in other parts of Canada.

- New ways to reduce the number of people smoking.

- Analysis of why there has been an increase in diabetes among aboriginal people.

- Analysis of the high incidence of various infectious diseases among aboriginal people.

- Analysis of the occurrence of accidents and injuries and the way they are treated.

A better understanding of the ways rapid social, economic, and cultural change affect physical and mental health.

Participants felt that the knowledge of spiritual leaders like Charlie Neyelle, of Fort Franklin, will be important in the development of new approaches to promoting emotional and mental health.

- Analysis of the immune function in aboriginal people.

- Analysis of the effectiveness of current vaccines and programs related to the meningitis virus (Hemophilus influenzae) and to other vaccine-preventable illnesses.

- Analysis of the long term effects of ear infections (otitis media) on children. How are they related to second-hand tobacco smoke?

- Analysis of the high rates of poor vision, meningitis and pneumonia among aboriginal people.

- Other approaches to tuberculosis prevention and treatment.

Mental Health

New approaches are required to address the major issues and concerns relating to the mental and emotional health of individuals and communities, including cause, information needs, response options and costs. Priorities to include:

- Analysis of the health effects of working in remote locations.

- Analysis of the causes, effects, and ways to deal with family violence and child abuse, including sexual abuse. This could include a look at the behaviour patterns associated with child abuse, and the evaluation of programs related to family violence.

- Analysis of the causes, health effects on family and communities, and responses to suicide. This could include: new approaches to make sure that all people and community resources working to prevent suicide are cooperating; an examination of the events and conditions that typically lead to suicide, and of the effectiveness of prevention programs.

- Analysis of the causes, effects, and responses to alcohol abuse and other substance abuse within the Northwest Territories.

- Ways to help handicapped persons be active members of their communities.

- An examination of the cultural needs of special groups with regard to emotional and mental health.

How have the results of environmental studies affected what people eat, where they work, and generally how they live?

VII

appendices

Appendix A

RESEARCH TOPICS

SUBMITTED BY PARTICIPANTS
AND OTHER INTERESTED ORGANIZATIONS

Susan Abbey, MD, FRCP, Clarke Institute of Psychiatry, Toronto, Ontario

1. *Psychosocial Problems Impacting on Health Status*

There are a number of psychosocial problems which impact upon health status in general and more specifically upon mental health. There is a pressing need for research into etiological and associated factors related to the following psychosocial problems and to the development of culturally appropriate strategies for both primary prevention and treatment.

- Substance abuse (both alcohol and illicit drug use);
- Spousal assault;
- Childhood sexual abuse.

2. *Mental Health*

- Adolescent suicide and self-harm behaviour;
- Epidemiological study to identify prevalence of major psychiatric disorders - (to aid further development of mental health services);
- Role of Native mental health workers;
- Development of self-help programs - particularly related to other mental concerns such as grief, parenting "problem" children.

Larry Bobiak, Chairman, Stanton Yellowknife Hospital

1. Recruitment and retention of health professionals in the North.

Darrell Bower, Director, Finance and Administration, Dept. of Health, Government of the Northwest Territories

1. Review of computing needs of health bodies (private/public/non-profit) and the possibility and/or need to integrate these requirements.
2. Analysis of the indicators of Northern Health which could be captured and used towards health planning in the Northwest Territories.
   - develop a plan to capture and use these indicators on an ongoing basis.

Jack Bromley, MD, President, Northwest Territories Medical Association, Fort Smith

1. R.N. staffing of health centres (nursing stations):
   - problems in recruiting staff;
   - upgrading of skills;
   - high turnover rates - why do they leave or stay on?
2. Extremely high STD rates in the Northwest Territories:
   - study rates with respect to sexual attitudes and behaviour;
   - implications with respect to AIDS.
3. Birth control attitudes among teens:
   - what do they know, what do they use and how regularly?
4. Study of ureaplasma/mycoplasma infection:
   - incidence and epidemiology;
   - health consequences.
5. Breast feeding impact on human ecology; more than direct medical benefits.
6. Outcome of custom adoptions.
7. Outcome of private adoptions of Native children.
8. Health implications of chemical effluents from northern Alberta pulp mill developments.
9. Smoking in the Northwest Territories:
   - demographic patterns;
   - influences on smoking behaviour;
   - financial and health costs.
10. Compliance rates for prescription drugs:
    - by age, education, ethnic group;

- number of different prescriptions;
- dosage schedule.

11. Pertussis (whooping cough) epidemic:
    - vaccination rate and effectiveness;
    - contact rates;
    - treatment protocol.

Frank Butler, Executive Director, Kitikmeot Health Board, Cambridge Bay

1. The establishment of a telecommunications network to permit ready and inexpensive video and audio contact between remote health centres and major health care and health education facilities in other parts of Canada.
2. The introduction of inexpensive extended-life, fresh foodstuffs into the more isolated communities of the Northwest Territories
3. The more convenient and less costly availability of medical oxygen for use in health centres, aircraft, residences, etc.
4. The maintenance of healthier environments in the communities of the Northwest Territories by the introduction of measures which are designed to be effective for longer periods of time.
5. Measures to limit the damaging effects upon health care workers of isolation, heavy work pressures, unrelieved responsibility (burnout).
6. Studies of the human and economic costs of low birth weight infants.
7. The integration of services required to reduce the incidence of suicide in the Northwest Territories
8. The impact on health of inappropriate housing.

Paul Cappon, MD, McGill University

1. Incidence of myopia (near sight) among northern Native populations.
2. Causes of myopia in this population. Myopia has a much higher incidence among northern Native populations than in the rest of Canada.
3. Mental health problems and their solutions.
4. Effect of health services on the health of the people.

Ed Chown, Director, Health Insurance Services, Dept. of Health, Government of the Northwest Territories

1. Research how network of Northwest Territories health services might be strengthened to
    a. improve access to services
    b. prevent disease/promote health
    c. avoid travel where possible.
2. Research into
    a. more/better use of paraprofessionals
    b. improved long term care and home care
    c. specific diseases such as diabetes, alcohol and substance abuse.
3. Determination of most effective programs for suicide prevention, alcohol and substance abuse, family violence, etc. (eg. flying a person south may be an expensive and ineffective program).
4. Analysis of medical travel to identify where changes in regional services could be justified.
5. Prescribing patterns in the North - are we overmedicating?
6. Cultural differences in program effectiveness. Are some programs less effective because of cultural factors such as communication, language, or social norms?
7. Effectiveness of Northwest Territories AIDS Education Program.
8. Evaluation of importance of support systems for persons travelling out of communities for medical care. For instance, compared with a hotel, does a boarding home with a full range of support services lead to a patient's faster recovery?

Mark Cleveland, President, Arctic College, Yellowknife

1. Research and development of training programs which have an impact on health. This could include certificate, diploma and eventually degree programs. The programs might be specifically health oriented such as nursing, or have health related content such as the Recreation Leaders' program.
2. Research and development on health care training needs in the North.
3. Research and development of projects that will encourage Native membership in health careers and improve the retention of northerners in health related training programs.
4. Research and development of training initiatives to increase the awareness and understanding of northern culture and health issues of southern health professionals who will be working in the north.

Dr. Lawrence Elliott, MD, CCFP, Churchill Health Centre, Churchill, Manitoba

1. *Medical*
   a. Smoking (top priority):
      • education
      • prevention strategies
   b. Respiratory disease:
      • pediatric: bronchiolitis and its sequelae
      • chronic obstructive pulmonary disease
      • tuberculosis: control strategies
   c. Sexually transmitted diseases:
      • emphasis on effective implementation of known preventative strategies (i.e.condom usage)
      • chlamydial disease: pediatric and adult
      • AIDS
   d. Otitis media:
      • prevention, screening and therapeutic strategies
   e. Hemophilus influenza meningitis:
      • new strategies for prevention
   f. Obstetric services
   g. Nutrition:
      • country food vis-a-vis junk food
2. *Dental*
   a. Baby bottle syndrome:
      • strategy
      • education
   b. Dental infections:
      • procedures
      • origin
   c. Organization of dental services for northern patients
3. *Sociological*
   a. Sociological changes of indigenous northerners:
      • effect on physical health
      • effect on mental health.
   b. Sociological adaptation of health professionals providing health services in northern environments
   c. Mental health:
      • suicide
   d. Addictions:
      • alcohol
      • drugs
      • smoking
   e. Sexual abuse and incest
4. *Administrative*
   a. Baseline information for planning
   b. Health delivery systems
      • efficiency
      • effectiveness
      • economics

Martha Greig, Pauktuutit-Inuit Women's Association, Ottawa

1. Fetal alcohol syndrome.
2. Suicide - mental health.
3. Impact of obstetrical evacuation of Inuit women and their families.
4. Traditional midwifery.
5. Methods to encourage participation of Native people of northern Canada in health care delivery.
6. Family violence.
7. Senior citizens: keeping them in the community.
8. Solvent and drug abuse.
9. Need for interpreters in the health field.
10. Polychlorinated biphenyls (PCBs) and other contaminants.

Joe Handley, Deputy Minister, Dept. of Education, Government of the Northwest Territories

1. Impact of health education on children's health knowledge, attitudes and behaviour.
2. Effectiveness, for Inuit children who have hearing loss, of Auditory-Verbal Therapy compared with teaching all children to sign.
3. Effectiveness of using a travelling audiologist to serve the Kitikmeot Region.
4. A continuous study of *retinitis pigmentosis* in the Dogrib Region.
5. The incidence and treatment of *otitis media* (middle ear infection) in the Kitikmeot Region to determine why Inuit students suffer a permanent hearing loss from this disease.
6. Certain conditions exist in the north which may impact the northerner's self-concept negatively as well as positively. Identify specific conditions, eg:
   • cultural and social alienation;
   • vocational aspirations and expectations;
   • residential high school attendance;
   • demands and stresses of being an "educated" person in the community;
   • academic achievement;
   • examine the relationship between the specific conditions and self-concept.

- determine the factors and strategies which are effective in enhancing self-concept among children and youth.

Marjorie Hayes, Director, Nursing Services Division, Dept. of Health, Government of the Northwest Territories

1. Changes in legislation: Changes in Hospital/Medical Programs and Acts to allow the emergence of a primary Health Care Service which permits new entry points and promotes the utilization of qualified health personnel in areas which are currently the domain of medicine. i.e. Legalize midwifery and advanced clinical practice of nurses as well as legalize Community Health Representatives (CHRs), Certified Nursing Assistants (CNAs) and Community Health Aides (CHAs - Alaska). Immediate legislative changes are needed to govern those practising in the psychiatric mental health field.

2. Nurse Midwifery/Birthing Centres or Programs: More nurses could be prepared for midwifery, and will be through the Advanced Nursing Skills Inservice Program (ANSIP), but to assume this expanded role they must be supported by changes to our current laws.

Research is needed to address the role and responsibilities of Communities for the delivery of health care. Programs are required which assist Hamlet Councils and Community Health Committees to assume the risks of decision making. Birthing in the communities may be an issue which could be used to assist in this role clarification, resulting subsequently in communities taking more control of health decisions. One community should be selected for a new physical plant "Birthing Centre", and a second community should be selected to use expanded Health Centre space. Additional staff and funding would be required.

(Note: In 1980 Maria Holububorsky, Nursing Advisor, Human Resource Planning, Health and Welfare Canada stated that: "in comparable settings where prepared nurses or nurse midwives provide total care, the maternal/child mortality and morbidity figures are as good as or better than those in communities served by physicians".)

3. Primary Health Care Workers/Managers: Nurses have traditionally been the primary health care deliverers. Their preparation at the baccalaureate level has prepared them to give comprehensive, community-based primary care services aimed at helping people attain and maintain health. It is imperative that responsibilities in service delivery and service management for newly created paraprofessional roles be evaluated in relation firstly to the coordinating and supervisory role of nursing personnel, and secondly to the perceived acceptance of those roles by the community.

4. Recruitment: attitude study and Northwest Territories survey of all nurses recently recruited and leaving the Northwest Territories.

5. Retention: the effect of increased access to nursing education on attitudes and subsequently on retention rates. Arctic College will offer B.Sc.N level courses by video in the Fall of 1989, and the effect of this programming on the retention of nurses should be studied.

6. Middle management support: effect of nurse staffing/retention with the introduction of middle managers (Nursing Officers) in Baffin Region.

7. Nurses and new approaches to maternal and child care: Investigation into improved techniques to detect early identification of high risk pregnancies with a view to reducing infant mortality rate and costly medevacs. Economic circumstances, health education, attitudes and ease of access to health care must be considered as important indicators of this at-risk group.

8. Alternative to expensive institutionalized long term care: a project to enable lay persons to acquire basic nursing skills for use in the home. With this kind of knowledge, family members could care for a sick person at home.

9. Diagnostic/ambulatory care evaluation: research on the impact on medevacs of improved community based diagnostic and ambulatory care programs.

10. Salary review for all levels of health providers: remuneration of all health personnel on one equitable salary grid must be researched with a view to incorporating a step ladder education process. Nurses are not well paid for role, responsibilities and 24 hour service. There are nurses who have HQ level responsibility and degree level preparation who are very inadequately paid in relation to other staffing salaries.

Alice Hill, Executive Director, Native Women's Association of the Northwest Territories, Yellowknife

1. Care of Native people in receiving homes, pre- and post-natal facilities, hospitals and institutions which care for the elderly, physically and mentally handi-

capped and young offenders. Research the condition in these facilities to investigate delivery of care to Native people who are dependent on the services of these institutions.

2. Maternal health - midwifery:
   a. record and document the traditional knowledge of Native women about pregnancy, birth and maternal and infant health;
   b. involve youth and elders in efforts to identify the needs, concerns and goals of Native women in communities with respect to maternal and infant health care;
   c. research and plan, in cooperation with the "Maternal, Perinatal and Infant Committee of the Northwest Territories", the Inuit Women's Association of Canada and any other interested groups, changes to maternal and infant health care which reflect the medical, social, cultural and economic concerns of Native women, health professionals and health agencies;
   d. research the pre-natal treatment of pregnant Native women by Northern Health, Government of the Northwest Territories and Health and Welfare Canada. There have been many complaints from Native women concerning the treatment received when they have been required to leave their communities to deliver.
   e. revise the pre-natal policies and the delivery of pre-natal programs affecting Native women.

3. Research and study the serious problem of child sexual abuse in the Northwest Territories, region by region or territorially.

Kate Irving, Acting Secretary, Women's Secretariat, Yellowknife, Northwest Territories
Peepeelee Nutaralak, Northwest Territories Advisory Council - Status of Women, Broughton Island, Northwest Territories

1. Mental health, (depression, peer support etc.).
2. Health aspects of family violence and child sexual abuse (broadly defined).
3. Midwifery and maternal health (including breast milk toxins).

Robert R. Janes, PhD, Executive Director, Science Institute of the Northwest Territories, Yellowknife
Health related subjects

1. To research the development and implementation of appropriate cross-cultural awareness training for all medical and support personnel at Northwest Territories hospitals and health centres (nursing stations).
   - these training programs should reflect the needs and interests of the local community health committees.
   - the research should include an assessment of the present availability of translation services and country foods for aboriginal patients who use Northwest Territories medical services.
   - the research should also focus on determining the cultural needs of specific groups, such as children or elders, especially with respect to spiritual and mental health.

2. To determine the types of transportation, support and rehabilitation programs for the elderly and the disabled in the N.W.T.
3. To research the provision of community accident prevention programs, such as gun safety and survival safety.
   - the research should include when such programs should be mandatory and how they can best be implemented.
   - the "injury control" and prevention programs which are most needed for the Northwest Territories should also be identified.

4. To determine the appropriate assessment and support programs for troubled children who are coping with family break-up, family abuse, sexual abuse, alcoholism, death, etc.
   - to assess the availability of both professional advisors and traditional community advisors to ensure all aspects of mental health services are addressed.
   - the research should include how these groups can work together.

5. To review all types of traditional foods used by various aboriginal groups; to document the health and nutritional value of traditional foods; to analyze their nutritional content; and to develop information and education programs to encourage their use.
6. To research aboriginal medical knowledge in the Northwest Territories; to determine who the traditional

healers are, where they are, what they can offer, how people may be referred to them, and how cooperation may be built into the present medical system.

- the research should include documentation of traditional medicine, its proper use, benefits, availability, as well as appropriate information and education programs for people at the community level.

7. To determine the health impact on northerners as a result of the depletion of the earth's ozone layer.

- how is the health of northerners affected by "arctic haze" pollution?
- what local pollution sources contribute to the problem?
- how can the local pollution sources be eliminated?

8. To determine and assess the interrelationship of health, mental health and social dysfunction in the Northwest Territories.

- this research should be based on long term, multi-disciplinary research.

Medical related subjects

1. To research botulism in the Northwest Territories, including its prevalence, severity, causes and prevention.

- the research should include the development of translated and pictorial public information/ educational resources needed to address this problem.

2. To determine the translated and pictorial information/educational programs required for the safe use of off-the-shelf and prescription drugs in the Northwest Territories.

- this research should specify the information required to be on the drugs, recognizing that they are frequently used by people who cannot read English.

3. To determine the appropriate information and education programs required by northern and aboriginal diabetics.

- the research should include specific information on diet, use of traditional foods, medical developments and equipment use, treatment, local resources and support.
- research should determine the feasibility of northern-based diabetic camps, where northern diabetics and resource persons can learn how to cope with diabetes.

4. To research the development and use throughout the Northwest Territories, of northern blood donor and organ donor programs.

5. To research Hepatitis B infections.

- are these infections more prevalent in the North?
- is this a major infectious disease concern?

6. To research appropriate and innovative ways to ensure more northerners and Native northerners enter the medical professions. The research should also include the assessment of current and future medical training programs to ensure they meet northern needs.

Martha Johnson, Dene Cultural Institute, Yellowknife

1. An understanding of the health care systems of traditional Inuit and Dene society and the historical and sociocultural factors that have resulted in changes in these systems.
2. What are the best ways to provide services for people with mental health problems in remote areas?
3. Cancer in the North: how common the disease is; the kinds of cancer that occur most often; the age groups that are affected; and differences in patterns among different northern ethnic groups and with southern Canada.
4. The kinds of special services Dene and Inuit elders require, and whether or not these needs are being met.
5. The quality of infant and maternal care in the North.
6. The safety of country food: does it contain harmful bacteria or toxic contaminants?
7. Suicide among young people in the North.
8. Effects of water supply and sanitation on health.
9. Alcoholism.
10. Dental care.
11. Ways to increase the involvement of aboriginal people in the delivery of health care services both as employees and as decision makers.
12. The devolution of health care services.
13. Traditional medicine: how it works.
14. How to integrate traditional and modern systems of medicine.
15. Nutrition: how to promote healthy nutrition in the North.
16. Preventive health care.

David Kinloch, MD, DPH, SMHyg, A/Director Communicable Diseases, Epidemiology Division, Laboratory Centre for Disease Control, Ottawa

1. *Infectious Disease*
   a. Vaccine preventable disease:
      - stimulated passive transfer of Anti-PRP to newborns;
      - antibody response to Hib conjugate vaccines;
      - antibody response of Native infants to multiple vaccines;
      - protection conferred against measles by early vaccination; response to booster dose at school entry.

   b. Sexually transmitted disease:
      - influence of AIDS public information programs on incidence;
      - incidence of pelvic inflammatory disease, ectopic pregnancy as indicator of sexually transmitted disease (STD) levels;
      - impact of new case definitions on STD incidence rates.

2. *Chronic Disease*
   a. Injury:
      - an assessment of driver, vehicle, environment contributions.

   b. Tuberculosis:
      - protection of contacts by short term prophylaxis or treatment;
      - alternatives to isoniazid for prophylaxis in persons with impaired liver functions;
      - protection of high risk communities by short term mass treatment.

   c. Chronic *otitis media* (middle ear infection):
      - a case/control study of relationship to second-hand smoke exposure;
      - a prospective study of relationship to second-hand smoke exposure.

   d. Cancer of the cervix:
      - evaluation of screening activity - baseline for program review.

   e. Diabetes mellitus:
      - establish prevalence baseline from which to assess trends.

   f. Cardiovascular disease:
      - risk factors, disease manifestation by ethnicity.

3. *Environmental Contaminants*
   a. Intake of contaminants:
      - geographic modelling of intake, with diet survey verification;
      - temporal dietary surveillance sentinels;
      - geographic and temporal blood level monitoring.

   b. Nutritional and other benefits of foods associated with intake:
      - priority nutrients of targetted foods;
      - *in vivo* protection against contaminant effects.

   c. Body burden of contaminants:
      - analysis of surgical, autopsy specimens;
      - banking of specimens for future study.

   d. Prolonged low-level contaminant intake:
      - clinical, developmental and behavioural effects - feasibility of study;
      - adverse effects of studies, of education campaigns on food preferences and breast feeding.

4. *Mortality*
   a. General trends by ethnicity:
      - recode, analyze death certificates from 1970s.

   b. Perinatal and infant mortality:
      - prospective review.

5. *Community Health Services*
   a. Compliance with professional standards - sentinel programs:
      - tuberculosis control;
      - immunization;
      - diagnosis and treatment of sexually transmitted disease;
      - prenatal surveillance;
      - upper respiratory infections.

   b. Basic service delivery knowledge and skill requirements:
      - status report for consensus conference.

   c. Use of consultant services:
      - medical evacuations - indications, process, impact.

6. *Occupational Health*
   a. Descriptive epidemiology:
      - health hazard appraisal.

Harriet V. Kuhnlein, PhD, School of Dietetics and Nutrition, McGill University

1. Nutritional quality of diets of indigenous people:
   - how to maximize nutritional quality;
   - assessment of balance of traditional foods to

marketed foods, in specific cultural groups;
- nutrient composition studies of traditional foods are essential in these studies;
- definition of needs/requirements to retain traditional food resources;
- importance - cultural/traditional;
- logic - cultural/traditional;
- education research strategies to improve marketed food use by Native people (interface with commercial/economic/cultural priorities;
- disease prevention/health promotion using traditional Native foods.

2. Contaminants in Native diets:
- continuation of assessment of levels in particular foods;
- quantitative levels of these foods in diets of people is essential to assess risk;
- research to identify sources, with aim to stop the sources.

3. Assistance for cultural groups to document their own traditional food system for future generations:
- this is a research strategy to develop educational resources which can be used by indigenous peoples to maintain their traditions and ultimately contribute to cultural morale and holistic health.

4. Research training of Native people in issues of nutrition and food through participation in research projects on these topics.

5. Nutrition/food and disease: research and education needs:
- changing dietary patterns and increased incidence of diabetes;
- protective fatty acids in traditional diets and risk of heart disease;
- food safety and traditional food processing, particularly botulism;
- increased use of simple carbohydrates and dental disease;
- otitis media and vitamin A deficiency.

6. How "harvest studies" of various designs can be used to predict dietary intake of traditional food resources.

Brian Lewis, M.L.A., Yellowknife

1. Diet and Nutrition.
2. Alcoholism.
3. Fitness.
4. Mental Health.
5. Traditional Medicine.

Michael Lewis, DDS, DDPH, Director, Dental Services, Dept. of Health, Government of the Northwest Territories

1. Determine effect on rates of tooth decay among Gr.1 and KG children following:
   a. monthly professional cleaning and topical fluoride application;
   b. daily in-school tooth brushing;
   c. two-weekly in-class dental screening examinations by a resident Dental Therapist;
   d. two-weekly application of topical fluoride gel only.
2. Determine whether there is a change in decay rates among children when a dental clinic for a resident dental therapist is moved from the Health Centre and relocated in the school.

Sandra McKenzie, Director, Community Health, Dept. of Health, Government of the Northwest Territories

1. Social marketing in cross-cultural settings.
2. Cultural mores re human sexuality, elders and youth.
3. Sociology of family violence and child sexual abuse in various cultural groups.
4. Garbage disposal and the use of plastic.
5. Housing and healthy lifestyles.
6. Determine needs of the Dr. Otto Schaefer Resource Centre to enable it to support increased health research in the Northwest Territories

Tom Menzies, Executive Director, Mackenzie Regional Health Service, Yellowknife

1. To establish the health priorities as perceived by community members, especially in the areas of health education and public health services.
   - This study would establish individual community priorities and give each Public Health Unit the opportunity to integrate regional health education priorities with community needs, thus ensuring the relevancy of health education programs for each individual community.

2. To assess the effectiveness of intermittent treatment versus continuous treatment for tuberculosis chemoprophylaxis.

Michael E. K. Moffatt, MD, FRCP(C), Director, J. A. Hildes Northern Medical Unit, University of Manitoba

1. *Maternal and Child Health:*
   - Hemophilus Influenza disease
   - Nutrition:
     - in pregnancy
     - in infancy
   - *Otitis Media* (middle ear infection):
     - risk factors
     - prevention
     - management
   - Reasons for high rates of low birth weight
   - Models of obstetrical care
   - Prevention and treatment of respiratory illness: eg. bronchiolitis, pneumonia
   - Adolescent pregnancy and sexuality
   - Innovative programs to reduce the onset of smoking in teenagers
   - Prevention of nursing bottle dental decay
   - Programs and services for handicapped children
   - Accident prevention
2. *Adult Population:*
   - Changing risk factors for cardiovascular disease
   - Management of chronic obstructive lung disease
   - Services for disabled
   - Sexually transmitted diseases
     - prevention
     - contact hearing methods
     - education
   - Health education
   - Smoking distribution programs
   - Accident prevention
   - Preventive mental health
   - Delivery of mental health services in isolated areas
   - Cancer morbidity risk factors

Mamie Munro, Executive Director, Northwest Territories Hospital Association, Hay River

1. Alternatives to the nurse shortage.

This national problem is not going away so it seems that it is time to look at some alternatives, eg., the use of Certified Nursing Assistants (CNAs) with some transfer of function, and medically trained assistants such as are being used in some of the States.

2. The abuse of issuing of prescription drugs.

Very often prescriptions are written for medications which can be bought over the counter. By having a prescription the drug becomes more expensive. Trade names for generic drugs vary, and some are much more expensive than others. If a less expensive drug will serve the same purpose then it should be used. Prescriptions are frequently issued when a person would benefit more from counselling than from drugs. Drug addiction may also be enhanced by prescription abuse.

Tom Owlijoot, Executive Director, Inuit Cultural Institute, Ottawa

1. Health guidelines for educational purposes, written in Native languages, describing all contagious and communicable diseases and their consequent effect on the human body.
2. Long term effects of contaminated country foods. We hear reports but we should be able to read them in Native languages.
3. Need for general practitioners and obstetricians in communities with 1000 plus population.

Gary Pekeles, MD, McGill University

1. Approaches to specific infections:
   a. hemophilus influenza
   b. hepatitis B
   c. Epstein-Barr
   d. HIV
2. Immune function in Inuit:
   a. genetic problems
   b. acquired problems
3. Accident prevention.
4. Precursors of suicide and intervention.
5. Norms for developmental milestones in Inuit children.

Carolyn Pim, MD, FRCP(C), Territorial Epidemiologist, Dept. of Health, Government of the Northwest Territories

1. Beliefs, attitudes and behaviours related to health in each of the ethnic groups in the Northwest Territories Specifically:
   a. sexual behaviours and practices;
   b. attitudes towards sexuality;
   c. concepts of health and illness;
   d. traditional views of disease in general and of specific diseases (eg. tuberculosis);
   e. traditional modes of healing.
2. Methods/approaches for incorporating beliefs and

attitudes as determined from (1) above into health promotion/prevention/treatment programs.
3. Alternatives to conventional modes of therapy and chemoprophylaxis for tuberculosis.
4. Epidemiologic features of cancer in the Northwest Territories
5. Innovative approaches to reducing tobacco use in the Northwest Territories

Trevor Pollitt, CEO, Baffin Regional Health Board, Iqaluit

1. Development of health promotional strategies at the community level.
2. The relationship between nutrition and student performance: "food for thought: to eat well is to perform well" .
3. Diabetics: determining how the Inuit metabolize carbohydrates.
4. The benefits of fluoridation in the Inuit population: comparative study between the different communities.
5. Lung disease: cause and effect.
6. Increased incidence of cancer in the Inuit population: why?
7. Longitudinal study of suicide trends in the Baffin Region and possible solutions.
8. Evaluation and utilization of imaging equipment in remote health centres to aid diagnosis, and reduce the number of medical evacuations.
9. Longitudinal studies in hearing loss and the effects on education.
10. A study of low risk deliveries: could they have been delivered in the Health Centres?
11. A study of pre-term delivery and what the infant morbidity is.
12. The demography and characteristics of handicapped children in the Eastern Arctic: the development of a model for rehabilitation services in the settlements.

B.D. Postl, MD, FRCP, Head, Department of Community Health Sciences, University of Manitoba

1. Mental health.
2. Health database development.
3. Injuries and injury surveillance.
4. Impact of transfer on communities.
5. Community development: pilot projects.
6. Community health assessments.

Catherine Praamsma, Canadian Public Health Association, Northwest Territories Branch, Yellowknife

1. The incidence and prevalence of diabetes among Native populations in the Northwest Territories.
2. Compliance with diet and exercise programs for the control of diabetes in a northern setting.
3. Diabetes in the North: how it relates to the diet and lifestyle changes of our northern population.
4. Northern issues that affect meal planning: food costs, availability, adapting traditional foods to a diabetic meal plan.
5. Follow up or support systems once people return to their communities.
6. Instructional materials available in northern languages which address northern lifestyles.
7. Increased health care and hospital costs due to complications from diabetes because of non-compliance.
8. Costs incurred by travel to metabolic clinics in centres such as Edmonton.

Lou Richard, Executive Director/Registrar, Northwest Territories R.N.A., Yellowknife

1. The effects of nursing turnover on the health of the community.
2. The effects of culture on health practices.
3. Cultural differences in client and caregiver/the impact on effective health delivery.
4. Homecare as a prevention program for institutionalization.
5. Long term effects of *otitis media* (middle ear infection) in children.
6. Long term effects of *myringotomy* operations on children.
7. Behaviour patterns of child sexual abusers.
8. Effectiveness of the Spousal Assault Plan.
9. Teenage suicide in the Northwest Territories / warning signs for teenage suicide.
10. Relationship of dietary deficiencies and alcoholism.
11. Effectiveness of mainstreaming handicapped children.
12. Hospital versus other alternatives for the care of the dying.

Otto Schaefer, CM, MD, FRCP(C)

1. Involvement and active participation of Native people in decision-making and priority setting at both the

community level and higher levels.

- in the past, decisions concerning evacuation for delivery of pregnant women have been made at high levels without Native or local input, despite expressed apprehension and wishes of Native and local residents.
- research must be undertaken to awaken and maintain Native public interest and activity in health matters and health policy. Local Health committees have not had a history of success. A lack of general local improvement and personal effectiveness (?power) may have contributed to past failures.
- involve Native people *at all levels* in formulating priorities for health research and health care delivery; encourage participation of Native people in the execution of health research and health care in their local community; transfer decision making responsibility and financial responsibility.

2. Research into the epidemiological impact of lifestyle changes with ongoing reviews of local prevalence of: obesity; gallbladder disease; diabetes mellitus; hypertension; coronary and other cardio-vascular diseases; and other "modern" or "civilization diseases".

- increased number of violent deaths related to alcohol-, drug-, and substance-abuse;
- recent epidemic of suicides - 10 times national rates reported for males aged 15 - 35 years. Research required to improve mental and social health problems related to loss of personal-familiar bonds and socio-cultural affinities and security, accompanied by the loss of personal identity and self esteem as a result of rapid acculturation and the lack of a useful function in the new social structure.

3. Research into the environmental contamination of the air, water and food resources of Northern populations, originating from local sources as well as from convected pollution from the South.

4. Infectious diseases are still a greater problem for Indian and Inuit than for other Canadians.

- H. Influenza is a treatment-resistant bug which can cause a high incidence of meningitis and bronchopneumonia. According to research done by Health and Welfare Canada in the 1980s, Inuit children of the Central Arctic are 20 times more likely than the average across Canada to contract meningitis caused by that influenza bug.
- Further research is required into programs for vaccination of children against the H. Influenza bug. Monitoring of existing programs may lead to consideration of vaccines used by other Indian populations.

Hope Spencer, BA, MA, MPH, Comox, British Columbia

1. Northern lifestyles are influenced by many factors which are beyond the control of the average resident. Research is required to determine the impact/influence of:

a. availability, variety and suitability of foods and beverages brought in by cooperatives, hotels and other stores.
b. communication media from the south - in particular television programming and commercials.
c. long distance education.
d. air travel.

2. Determine need for increased sociological training for professional public health workers.

Maureen Stapleton, President, Canadian Mental Health Association, Yellowknife

1. A full scale study of mental health in the Northwest Territories to secure baseline data prior to the settlement of land claims, in order to measure the effects of industrialization, uranium mining, and pipeline development on the mental health of the community.

2. Research needed as a preliminary step to preparation of comprehensive mental health legislation.

3. Incidence of stress and poor health generated by family breakdown - divorce, separation, single parenting.

4. Incidence and psychological impact of stress and poor health generated by teenage pregnancy on both parents and children.

5. Incidence and causes of marriage breakdown among southern Canadians living in the Northwest Territories:

- incidence of cross-cultural marriage/relationships significant to the changing role of the family;
- changing gender roles and impact on mental and physical health.

6. Determine impact on the community of the increasing number of suicide:

- the grieving process in coping with many suicides

in northern communities;
- attitudes (cultural et al) regarding youth and elders;
- suicide amongst aboriginal peoples;
- factors relevant to the wellness, in terms of suicide, of some Arctic communities.

7. Physiological and psychological stress in Northwest Territories youth from under-employment and unemployment.
8. Research the level and effectiveness of community services available for troubled people in the Northwest Territories
9. Determine the feasibility and effectiveness of crisis intervention in small communities.
10. Research the relationship between pornography (television and VCR taped) and child sexual abuse in the Northwest Territories
11. Physiological change caused by extreme weather conditions and isolation, and its relationship to emotional disturbances and the overall health of the individual.
12. Ethnic and cultural influences on health care delivery in Arctic and sub-Arctic communities.
13. Prevalence of vitamin deficiency and its influence on the mental health and well-being of the individual.
14. Incidence of depression related to light deprivation and isolation in the Northwest Territories

Appendix B

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Appendix C

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Appendix D

GREETINGS AND INTRODUCTORY REMARKS

Honourable Nellie J. Cournoyea

Minister of Health
Government of the
Northwest Territories

June 28, 1989

Mr. Chairman, Ladies and Gentlemen:

Welcome to the Northwest Territories' first workshop on health research. I am pleased that you have come to participate in this significant workshop sponsored by the Northwest Territories Department of Health, Health and Welfare Canada, and the Science Institute of the Northwest Territories.

On behalf of the Government of the Northwest Territories I would like to express appreciation to Health and Welfare Canada's National Health Research and Development Program for its sponsorship and support. The Federal Government's understanding of the special needs of the North, in particular its awareness of the decision making process, is apparent in the new program they have created specifically for research North of 60.

Here, as elsewhere throughout the world, research is a way to identify needed health procedures and processes. Although this is the first Workshop on Health Research in the North, much research has been undertaken here over the years. Many results of that research have contributed to the improved health of our people today. As we establish appropriate research priorities, we will begin to effectively focus attention and effort on outstanding Northern health issues.

Beginning with this workshop, we wish to bring in a new era of research: an era where health research is given a broader meaning; an era where the research undertaken is in accordance with the North's priorities and requirements; an era where personal, professional and agency involvement is given full credit for its contributions; and an era where researchers are more accountable for the interpretation of their results to people and communities in the North.

When I indicated that research would be given a broader meaning in this era, I was reflecting on the perception of research that many of us have - picture the professor in the lab, with test tubes and computers, or the white coated student with the clipboard answering multiple choice questions - both working in isolation to produce scientific data which, practically speaking, the public may or may not be able to utilize.

Northerners are more pragmatic than that, and we want research that can be applied. Northerners like *useful* research: research which governments, health professionals and the public can use to improve health in all its various facets.

Health research today covers a much wider range than just medical or clinical research. It covers every type of research designed to promote health, and to provide the best and most appropriate form of health care. Since a positive state of physical, mental and social well-being is as much our goal as the reduction of disease and disability, we must be prepared to see the whole person within the context of daily life. This holistic view of health is very much in keeping with the approach advocated by many of our Native residents.

It is safe to say that governments pay for most of the health services provided, as well as for the research. There are, therefore, compelling reasons to view research as an important part of sound health policy development, and indeed of *all* public policy that impacts on the health of the people.

Research is a powerful tool for generating knowledge; knowledge is a necessary prerequisite for policy; and health policies developed from a sound base will lead to more effective, efficient and equitable health care services.

In this new era of health research, priorities *for* research *in* the North will be set in the North. By this I do not mean to criticize researchers from southern Canada. In the past there has been no clear framework in which to fit their interests; no priorities or themes; no direction; and no clearly indicated way to make program or policy changes happen.

Researchers have arrived in the north with various motives, most of which were well intentioned, but many studies have been conducted in a vacuum, in accordance with the researcher's own abilities and interests.

This workshop is the first step in rectifying that unbalanced situation. By drawing together northerners who know what is needed in their own region and individuals who have a specialized knowledge of a variety of subjects, the areas which require research will be identified and priorized.

The possible topics for research are numerous and it will not be an easy task for you all to remain focussed for the next couple of days. The pyramid diagram which you all are familiar with from your pre-workshop packages will help you, as it has helped me, to bring some order to the mammoth task ahead. Each layer of the pyramid results from or leads to the attainment of other layers.

The construction of this pyramid must begin at the bottom, where the supporting foundation is laid for the development of the other layers. Research is a major building block of this layer. In addition, health policies committed to universal health must be in place, well trained and motivated health personnel must form the work force, support must be available from professions outside the health sector, and effective health care technology must be available.

With the foundation in place the middle layer of the pyramid can be constructed. This layer is comprised of three major building blocks: healthy lifestyles, heathy environment and appropriate care.

Lifestyles strongly influence health or illness. The role of research is to assess the effects of various lifestyles on health and promote the concept of healthy lifestyles as the normal way of life in a society.

Research to aid in improving and protecting the environment should have two thrusts. First, safeguarding human health from potentially harmful biological, chemical and physical agents, including hazardous waste; and second, providing clean water and air, safe food, and pleasant living and working conditions to enhance the general quality of life. In short, a supportive social, economic and physical environment is an important determinant of health status.

The third building block in the middle layer is the provision of appropriate care. The main thrust here is the development of a system of *primary* health care adapted to meet the unique needs of the Northwest Territories. Research can help to achieve a proper balance in the NWT between primary health care, and hospital and specialized care. It can also assess the quality and acceptability of care, the results being used to improve the health care system overall.

The top of the pyramid, where the fundamental requirements for health are being achieved, represents the target - a healthy society. This healthy society is the objective and the reason for the solid foundation constructed in the two lower layers. With the other layers in place all segments of society will share equally in the means to health; the toll from disease and disability will be reduced; and the quality of life for the aged, handicapped and mentally ill will be improved. The principles underlying this goal are expressed by the Department of Health in its document *Goals, Mandate and Principles*.

Research will provide a clearer understanding of the health situation of the population, of health differences between groups, of the course of illnesses over time and of the major risk factors.

The topics that you have provided have been broadly categorized into areas which correspond with the five building blocks of the pyramid. The task for you at the workshop is to work together to discuss, revise, restructure and restate these issues in order to establish research themes which specifically reflect the needs of the Northwest Territories.

To return to our new era of health research - I mentioned that it was our wish to ensure that researchers are given credit for their contributions to the pool of research. Frequently, research is only highlighted if it has cost a lot of money or been undertaken by a large number of people. Now, with the assistance of the National Health and Research Development Program, we will, in conjunction with the Science Institute, be raising the profile of health research in the Northwest Territories and improving the access of people to research funds and research results.

Finally, in our new era, the accountability of researchers will be increased. We in the Northwest Territories no longer find it acceptable for researchers to gather their data in the North, publish their findings, present them at national or international conferences and yet not return with their results to the source of their data. In future, researchers must be prepared to explain their findings in concepts, terms and illustrations easily understood by the people addressed.

Researchers must accept that they have a public –responsibility to work with the health system organization to deal with any fallout from their research; and they must realize that northern residents are equal partners in the research process. Our ethics and principles dictate that the patient or client is as valuable as the researcher, and should be treated as such.

Ladies and Gentlemen, there are many reasons, not the least of which is your enthusiasm, for my confidence in your ability to establish guidelines and priorities for health research initiatives in the Northwest Territories. As Marshall McLuhan once said, "I want to map new terrain rather than chart old landmarks". Your ideas, your energy and your suggestions will create the first draft of our new map.

Ladies and Gentlemen, I would be sadly remiss if I did not mention that in the past there have been many dedicated people who have, on their own initiative, carried out research in cooperation with the people, even though we were not given clear direction from the people of the Northwest Territories.

I notice today one person here who has spent time with us and has attempted to adapt his research priorities to meet the needs of the people. This person, who is of great value to us, is Dr. Otto Schaefer. I know that with dedicated persons such as Dr. Otto Schaefer, we will cooperatively achieve a great deal in this new era.

Thank you, and I wish you well in your workshops. I look forward to your recommendations.

Nellie J. Cournoyea

Appendix E

INTRODUCTION: PURPOSE, OBJECTIVES AND DIRECTION OF THE WORKSHOP

Dr. Robert Janes

Executive Director
Science Institute
of the Northwest Territories

June 28, 1989

INTRODUCTION

Mr. Chairman, Ladies, and Gentlemen,

Welcome to the first-ever workshop on NWT health research priorities. I want to thank all of you for making the effort to get here, as I am very much aware of the vast region we live in. However, the size of the NWT is not the only challenge we face as residents and non-residents.

Consider the fact that the NWT is larger than the sub-continent of India, occupies one-third of the land mass of the second-largest country in the world, contains nine per cent of the world's fresh water, yet is populated only by slightly more people than live in Red Deer, Alberta. Of the roughly 53,000 people that live in the NWT, nearly 60 per cent are of aboriginal descent and consist of Inuit (Eskimo), Dene (Indian), and Metis (Dene/Euro-Canadian) peoples. Residents live in and around 64 communities, less than one-quarter of which can be reached by road from southern Canada. The remainder depend upon aircraft, boats and winter ice roads. In contrast to the rest of North America, seven aboriginal languages are spoken daily here.

Perhaps the most unique characteristic of the NWT is the multi-cultural environment, as it is occupied by two of the world's greatest hunting cultures — the Dene and the Inuit. These cultural traditions embrace 7,000 years of adaptation for the Dene, and 4,000 years for the Inuit. The knowledge which lies at the heart of both of these traditions is both empirical and mythological. Some argue, in fact, that the traditional knowledge of

aboriginal peoples is basically scientific, considering that science may be described as a verifiable body of knowledge from which predictions can be made. You cannot live on the land without detailed knowledge of animal movements, breeding cycles, rates of reproduction etc.

However, this sort of argument misses the point. Rather, the conventional science of today has to be joined with traditional and local knowledge, so that both will benefit. To deny anything but modern science is to ignore a rich and successful, but different, world view. There are no clear prescriptions for success in fostering this collaboration, but generosity of spirit and outlook are key ingredients.

Taken together, these considerations of a sparse, multi-cultural population, vast distances, underdeveloped transportation and communications networks, plus a political legacy which is only now turning its back on colonialism, are sufficient cause to describe the NWT as a part of the Third World. We are not poor, but we are only just emerging. This unique cultural, political and social context has enormous implications for health care in the NWT, and this workshop was organized as one means of ensuring that northern residents participate more fully in this work.

THE SCIENCE INSTITUTE

You may be wondering why the Science Institute is involved in health research and what the Science Institute is.

The Science Institute was created by the Legislative Assembly in 1984 to encourage all types of research in the Northwest Territories. Its objectives are:

- to encourage scientists in the Northwest Territories to recognize and use the traditional knowledge of northern native peoples;
- to make available scientific knowledge which is of value to the Northwest Territories;
- to support and carry out research, abiding by the Northwest Territories Scientists Act;
- to provide good advice on scientific matters to the Northwest Territories Legislative Assembly and the general public;
- to encourage young people to participate in scientific activities.

Scientists and the general public must work together if we are to answer important questions about science.

The Science Institute carries out the following activities:

1. **Support and Advice for Research**, which includes providing licences for everyone carrying out research in the Northwest Territories;
2. **Services for Scientific Activities**, using our research facilities in Inuvik, Igloolik, and Iqaluit;
3. **Information and Education,** including assistance for science fairs and providing publications which are not written in technical language;
4. **Technology Development**, which provides assistance to small businesses.

THE HEALTH PRIORITIES WORKSHOP

Introduction

Two years ago, Sheena Lee established a new project to provide funding for health research priorities in the Northwest Territories and Yukon. Set up by the National Health Research and Development Program (NHRDP), this was called "Special Initiative on Community Health and Health Services Delivery North of 60". This workshop is the next step to identifying those priorities.

Purpose of the Workshop

The purpose is to bring together Northwest Territories residents and non-residents to discuss health-related issues and priorities which are particularly important to the people of the Northwest Territories.

Objectives of the Workshop

1. to reach general agreement on the main health-related issues in the Northwest Territories; and
2. to identify health-related research priorities so that money from the NHRDP's "North of 60" project can be distributed properly.

SOME CONSIDERATIONS FOR THE CONDUCT OF THE WORKSHOP

These are some ideas you should keep in mind so that everyone's participation in this workshop can be meaningful;

We Want to Achieve a Consensus

All of you have different backgrounds, experiences, and interests, and it would be good for each of you to talk about your own particular point of view. You may have to make an extra effort to speak in non-technical words

or to overcome shyness and accept that your experiences are as important as anyone else's. It is important to recognize that everyone here has something to contribute.

Use a Broad Definition of Health

We want to talk about health-related issues which have to do with the whole person - physically, mentally, and socially. We must therefore think about health as more than a reduction of disease and disability.

Rapid development has a significant impact on the overall health of persons affected by it. Many people believe that problems such as suicide, homicide, and alcohol and drug abuse are a direct consequence of living with different cultures. We need to learn much more about this.

Some health problems come from other sources, such as contaminants in northern food. Pollution of the air, land, and seas has now affected northern birds, animals, and fish. While most of this pollution has come from other places, we must also deal with local environmental problems.

The Workshop Results Should be Realistic

We must be able to achieve the results of this workshop. Time, money, people, and facilities must be available to work on the health research priorities we identify here. It might be good to divide a large issue into smaller parts and deal with each of those.

New Approaches Are Welcome

We must consider new ways of looking at problems. For example, can current organizational structures, such as government departments, actually deal effectively with problems such as contaminants in northern food. What are the alternatives?

If we don't do anything about the problems, they will become worse. Current ways of dealing with them will no longer work after awhile. The regional health boards are an example of a new approach. Authority and responsibility are being shared at the local level. Doing this provides a lot of potential for new approaches. Remember that it is important to encourage and support new ideas and to see value in taking risks. We must ask questions about what we are doing now, so that we can prepare for the future

WHERE DO WE GO FROM HERE?

This is how we will use the results of this workshop.

NHRDP

The NHRDP North of 60 project will use the health-related priorities we identify at this workshop to help make decisions about who will get northern research grants.

Science Institute Research Trust Fund

The Science Institute will use these priorities as guidelines for a Health Research Trust Fund, which it will establish soon. This is a fund for Northwest Territories health research, and I would be happy to discuss this at another time if anyone would like to do so.

We will also use the results of this workshop to guide researchers to topics identified as priorities.

Regional Health Boards

These priorities may be useful to all of the Regional Health Boards. The Health Boards and their communities can adapt these priorities and use them in ways that will help them.

Government

We hope that the issues and priorities we identify here will form the basis for decisions and policies within the territorial and federal governments. Researchers and policy-makers must work together. Today we can point out important topics for research. We hope that health officials will use this to help plan and run the Northwest Territories health care system.

CONCLUDING REMARKS

As participants of this workshop, and as residents of the Northwest Territories, it is our responsibility to make sure that science and research are used in the best ways possible in our daily lives. We must:

1. encourage northerners to become capable researchers. This means making the commitment to post-secondary education.
2. welcome scientific research in the Northwest Territories.
3. make sure that northern science is forward-looking, and not simply reactive to industrial initiatives, by making informed and responsible decisions which embrace both science and human values.

4. create a situation for northern science in which universities, colleges, government, the private sector, and the general public all work together.

I recently read a book (Lowrance 1986) which stated that the most important challenge now is to make sure that research is used to help human values. We need both experts and citizens involved in this. This workshop brings experts and citizens together. However, while you are not all identified as experts, you all have contributions to make based on experience, and I hope you will tell us about these.

REFERENCES

Lowrance, William W. 1986 Modern Science and Human Values. **Oxford University Press, New York**

Appendix F

SPECIAL ADDRESS

Ms. Sheena Lee

Director
National Health Research
Development Program (NHRDP)
Health and Welfare Canada
Ottawa

June 29,1989

Thank you, Mr. Chairman, and good morning ladies and gentlemen. Ullaakkut.

Two years ago, I took a two-week trip from Inuvik to Arctic Red River, Yellowknife, Rankin Inlet, Eskimo Point, and Sanikiluaq. This trip taught me many things about the North, especially that northern residents were asking for a new approach to health research. I also realized that the National Health Research and Development Program (NHRDP), which I work for in Ottawa, provides an opportunity to develop the kind of approach that was being requested.

About a year ago, Roy Sampson from NHRDP, and I, met with Michael Pontus, Brian Wheatley and a representative from the Science Institute to make final plans for the North of 60 project. The project was announced last fall and the first response has been positive and enthusiastic. We are still learning about ways to improve it. For example, the project guide seemed very clear to us, but it may be confusing to someone who is not familiar with the research funding program.

Introduction to NHRDP Program

I want to talk about five issues today:

1. a brief introduction to NHRDP;
2. what led to the North of 60 project;
3. what we hope to accomplish through the North of 60 project;
4. what is included in the North of 60 project and what is not included; and,
5. what we expect will happen at the end of the first two years.

NHRDP is a research funding program of the Federal Department of Health and Welfare in Ottawa. We are required to support health services delivery and public health research which is of particular interest to Health and Welfare Canada. Because the federal government provides some of the money, we are also required to take an interest in provincial and territorial heath care.

Each province and territory is represented on a committee which deals with research projects concerning the management of health services when these projects are submitted to us. The committee meets again in Ottawa at the beginning of August to discuss health research priorities. Because of this workshop, the Northwest Territories representative should be able to be a leader on the committee.

We have an annual competition in December to consider research projects which require funding. Sometimes we ask for research proposals on specific topics, such as community dentistry. The North of 60 project is another type of activity. It is longer term, and we ask for research proposals at several points over a longer period of time. In the first two years of the North of 60 project, we will review research proposals six times.

All of the projects which receive funding by NHRDP must be considered very relevant by the Department of National Health and Welfare or by the provinces or territories. They must also be of value to science, providing an answer to a research question being asked. For the North of 60 project, a panel is responsible for making sure the research projects meet both of these requirements. The panel includes representatives from

the Yukon and Northwest Territories governments, from those involved in health research, from northern communities, and from NHRDP. The Science Institutes in Yukon and the Northwest Territories are partners with us in the North of 60 project and attend the panel meetings to make sure the research projects meet the standards they have set for northern research.

The thinking that led to the North of 60 project recognizes that although there has been excellent research in the past, the research topics were not necessarily the most important concerns of northern residents, or concerns that needed to be dealt with immediately. Often the community did not really have much to do with the research process. Many times, the results of the research were not discussed with those who had provided the information for the research.

In the North of 60 project, we want to support research that:

1. deals with health concerns of northern residents;
2. allows for the participation of northern communities in the research; and,
3. requires that research results be discussed with, and provided to, thecommunity where the information was collected.

It can be difficult to combine community participation in the research with good science. Most communities across Canada are able to describe problems and say how important each problem is. However, most communities do not have the experience needed to create research projects which will provide clear answers to research questions. What we needed was a plan to bring together both communities and people with formal research skills so that both contributions can lead to good quality research which has high relevance to the communities.

When planning the North of 60 project, we also talked about the need for new ways of distributing research results, as well as ways to announce that the research would be taking place. There are no research results yet, and we are looking at how we can use newspapers, radio and community TV for announcing the research projects and distributing the results.

The North of 60 program demonstrates the federal government's commitment to the health of northern residents. Devolution of health services to the territorial government has taken place, but the federal government continues to provide health care assistance through this project. This partnership between the two territorial governments, their science institutes, and the NHRDP is a key to the North of 60 initiative. In this new form the role of the federal government is to provide help and assistance to the territorial government and to the people of the territories by allowing them to reach their own goals.

Health for everyone can only be achieved when there is support for health development, healthier lifestyles and environments, and appropriate care in institutions and in communities. It is not only in the North that community representatives are asking for opportunities to participate in the research process.

The North, however, does offer a special opportunity for trying out a program of support for community-based research. There is a great need for health research, but few opportunities for funding. As well, there are fewer than 100 communities in Yukon and the Northwest Territories. The NHRDP is a small program and must be able to cope with the demand, which we expect we will be able to do in the North.

We chose to offer this project to the North because Health and Welfare has traditionally had a special responsibility for native and northern people and because too often it is simply easier to offer services first to southern communities. This time the North is first.

The North of 60 program deals mainly with community-based health research. The goal is to provide an opportunity for quality research on important health issues of concern to northern communities. It is possible that all research projects funded by the North of 60 project will originate in a northern community and that someone living in a northern community will be a researcher on each project. We hope these projects will also provide useful cooperation between communities and researchers in the North. We expect the research to produce results which are useful and practical.

As an example: A university researcher might work with a northern researcher on a project or be a consultant on the project. The community is the owner of the information. The results should be stated in plain, non-scientific language. If the university researcher wants to publish the information in scientific language, he/she will discuss this with the community. We expect that an article in an academic publication, if desired,

will be in addition to the plain language report.

While community-based research is the main idea of the North of 60 project, this is not the base for all research. NHRDP does not intend to create barriers or difficulties for academics who study northern problems. The North of 60 program will provide traditional academic researchers with an additional opportunity for research in the North, by asking them to help communities deal with problems which require research.

This workshop will identify the most important issues, and academic researchers can use this information to find out what is important to the North and what is needed in the North. They will know if the research projects they are proposing meet the requirements for funding under the North of 60 project. In this way, their proposals will reflect priorities established by northerners. This should be an advantage to them.

Areas which NHRDP does not deal with include biomedical research, laboratory research, and animal-based research.

The impact of improved education for community nurses on the health of the people for whom they are providing health services would be an acceptable topic for research under the North of 60 project. So would the impact of cultural issues on health or the impact on health of a diet based on traditional foods. The key is that the outcome must be measured and must deal with the health condition of an individual or group of individuals, or the impact on the health care system.

Not all research topics that you identify at the workshop will meet the criteria for NHRDP funding. However, at NHRDP we can look at this list of priorities which you identify now and suggest other funding opportunities if the research topic does not meet our requirements.

One very important point about research proposals is that they must include a review of past studies on similar topics and provide justification for the project. There must be a problem which can be solved by the research. The review panel will identify the research proposals in which the research is really needed to solve problems.

After two years, we will review the North of 60 project to find out what the impact has been. We will want to know if the project is meeting the needs that have been identified, if there are new needs, if the project has been useful, and how it could be more useful. Just as the workshop today draws together people to help define research priorities, the evaluation of North of 60 will also involve a variety of people and institutions, such as the territorial governments, science institutes, researchers, northerners and other interested individuals. A workshop similar to today's may be appropriate.

Our hope is that the North of 60 project will provide northern communities with financial support for community-based research. We also hope that it will provide NHRDP with a wonderful opportunity to gain a better understanding of the North and northern Health.

KEY TO GROUP PHOTO

1. Dr. David Kinloch
2. Rev. Irvin Holm
3. Mr. Frank Russel
4. Mr. Tom Menzies
5. Mr. Frank Butler
6. Mr. Alan Downe
7. Dr. Robert Janes
8. Dr. Lawrence Elliot
9. Mr. Trevor Pollitt
10. Mr. Larry Babiuk
11. Dr. Michael Lewis
12. Ms. Karen Scott
13. Mr. Robert O'Rourke
14. Dr. Bryce Larke
15. Ms. Caroline Anawak
16. Dr. Susan Perkins
17. Dr. Carolyn Pim
18. Dr. Jack Bromley
19. Ms. Margaret Peterson
20. Ms. Jean Gruben
21. Ms. Judith Britten
22. Dr. Harriet Kuhnlein
23. Ms. Eileen Melnychuk
24. Ms. Bella Ross
25. Ms. Sarah Leonardis (translator)
26. Ms. Peepeelee Nutaralak
27. Ms. Mamie Munro
28. Mr. Duncan McNeil
29. Dr. Gary Pekeles
30. Ms. Sandra McKenzie
31. Mr. Tom Owlijoot
32. Dr. Nancy Edtl
33. Ms. Karen Hilliard
34. Ms. Helen Balanoff
35. Ms. Rabecca Mike (translator)
36. Ms. Sheena Lee
37. Ms. Mary Ann Sinclair
38. Ms. Catherine Praamsma
39. Mr. George Eckalook
40. Dr. Otto Schaefer
41. Ms. Laurie Nowakowski
42. Ms. Kathy Sangris
43. Ms. Cathy Jewison
44. Ms. Susan Lewis
45. Ms. Bertha Blondin
46. Ms. Martha Greig
47. Ms. Marjorie Hayes
48. Ms. Hope Spencer
49. Mr. Roy Sampson
50. Dr. Cezar Heine
51. Mr. Ewan Cotterill
52. Ms. Stella Van Rensburg
53. Dr. F. Ian Gilchrist

ATTENDED WORKSHOP BUT MISSING FROM PHOTO

Ms. Jo MacQuarrie
Ms. Darlene Mandeville
Dr. Brian Postl
Ms. Shirley Smith
Ms. Mavis Swan
Ms. Joanne Barnaby
Mr. Ed Chown
Mr. Moheb Michael
Ms. Maureen Stapleton
Ms. Bobbi Bulmer
Dr. Paul Cappon

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Northwest Territories Health

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- ᐃᓕᓴᕐᓂᐊᕐᓂᖅ ᓂᕆᔨᒋᐊᓂᒃᓴᓂᒃ 19
- ᐃᓕᓴᕐᓂᐊᕐᓂᒃ ᐊᑐᕐᓗᓂᒃ 20
- ᐃᓄᐃᑦᓴᓇᓂᕐᓂᖅᓴᓂᒃ ᓂᕆᔨᒋᐊᓂᒃᓴᓂᒃ ᓄᓇᓕᒫᓂᖅ ᐊᑐᖅᑕᒥᓂᖅ 20
- ᐱᓕᕆᓂᐊᕐᓂᒃ ᐊᓂᓇᕐᓂᐊᕐᓂᒃᓴᓂᒃ 21
- ᐃᓅᓯᕕᖏᓐᓂᖅᓴᓂᒃ ᐃᓅᓯᕕᖏᓐᓂᖅᓴᓂᒃ 21
- ᐃᓄᐃᑦᓴᓇᓂᕐᓂᖅᓴᓂᒃ ᐊᑐᕐᓗᓂᒃ 21
- ᐊᑐᕐᓗᓂᒃ ᓂᕆᔨᒋᐊᓂᒃ 22
- ᓄᓇᕗᑦ ᓂᕆᔨᒋᐊᓂᒃ 22
- ᓄᓇᓕᒃ ᐃᓕᓴᕐᓂᐊᕐᓂᒃ 23

VII ᓇᓗᓇᐃᔭᖅ 25

A - ᓄᓇᓕᒃ ᓇᐃᓐᓂᐊᖅᑐᓂᒃᓴᓂᒃ 25
C - ᐊᓯᓂᖅᑐᓂᒃ ᐊᓂᓇᕐᓂᐊᕐᓂᒃᓴᓂᒃ ᐊᓯᓂᖅᑐᓂᒃᓴᓂᒃ 29
D - ᑭᓇᐅᔭᓂᒃ ᓄᓇᓕᒫᓂᒃ ᐅᖃᐅᓯᖅ 29
E - ᑲᑎᒪᔨᓂᒃ ᐅᖃᐅᓯᖅ 31
F - ᑭᓪᓕᓇ ᓄᓇᓕᒫᓂᒃ ᐅᖃᐅᓯᖅ 34

I
ᐱᒋᐊᕈᑦ

ᑲᑎᒪᔨᖅᑐᑦ ᐊᒻᒪ 28 ᓂᒪ 29-ᒥ ᑲᓇᐃᔨᒃ ᓂᐲᑦᑎᓯᒪᓂᖅ ᑲᑎᑎᖅᑕᒪᖅᑐᑦ ...68-ᐯᓐᓄᑦ ᑭᒃᑯᐃᓐᓇᐃᑦ ᓇᓂᓐᓂᖏᓐᓂ-ᒥᑦ, ᓂᐅᕐᖁᑎᓇᓐᓂᒃ ᑲᑎᒪᔨᒥᑦ, ᖃᓄᐃᓕᐅᕈᑎᒃ ᑲᑎᕐᓗᒍᑎᓂᖏᓐᓂᒥᑦ, ᓂᐅᕐᖁᑎᓇᓐᓂᒃ ᑲᑎᕐᓗᒍᑎᓂᖏᓐᓂᒥᑦ, ᐊᓂᒍᖅᓯᒪᔪᓄᑦ ᑲᑎᕐᓗᒍᑎᓂᖏᓐᓂᒥᑦ, ᓇᓗᓇᐃᖅᑐᒥ ᓴᓇᒪᓂᕐᒥᓂᖏᓐᓂᒥᑦ, ᐊᓂᒍᖅᓯᒪᔪᓄᑦ ᓴᓇᒪᓂᕐᒥᓂᖏᓐᓂᒥᑦ, ᐊᓂᒍᖅᓯᒪᔪᓄᑦ ᓴᓇᒪᓂᕐᒥᓂᖏᓐᓂᒥᑦ, ᓇᓗᓇᐃᖅᑐᒥ

ᑕᒪᐃᓄ ᑲᑎᒪᔨᓕᕆᔨᖅ ᐱᖓᓱᓕᕆᔨᖅ ᑕᒪᐃᓐᓇᖅ ᐃᓕᓴᐃᓂᒃ ᐱᔪᓐᓇᖅᑐᑦ ᐅᕙᑎᑦᑎᓐᓂᒃ ᐅᖃᐅᓯᕐᓂᖅᐳᖅ. ᓄᓇᕗᑦᑐᑎᒍᓐᓇᖅ ᐃᓕᓴᐃᓂᒃ ᓄᓇᕗᑦᑎᓐᓂᒃ ᑭᒡᒐᔨᐅᑦ ᓂᕆᔨᒋᐊᕐᓂᖅ ᐃᓚᒋᑦᑎᓐᓂᒃ ᐅᕙᑎᑦᑎᓐᓂᒃ ᐃᓕᓴᐃ

II

ᑲᑎᒪᓂᕆᔨᑦᑐᖅᓯᒪᔪᖅ ᓄᓇᕗᑦᑎᐊᖅᑐᑦ ᐊᑐᖅᑯᓯᒪᔪᖅ

ᑲᑎᒪᓂᕆᔨᑦᑐᖅᓯᒪᔪᖅ, ᐊᓂᔑᓇᓯᕗᓂᖅᓱᒍ ᖃᓄᐃᓂᕆᔨᑦᑐᖅ ᐅᑭᐅᓯᓯᒪᔪᖅ ᓇᓂᕐᔪᐊᓘᓚᐅᖅᑐᖅ, ᓇᓂᔑᓇᓯᕗᓂᖅ ᐊᑭᐅᓯᓯᒪᔪᖅ ᓄᓇᓕᒫᖅ ᐊᓂᔑᓇᓯᕗᓂᖅᓯᓂᖅ, ᓯᓚᑐᐃᓐᓇᖅ ᖃᓄᐃᓂᕆᔨᑦᑐᖅ ᓄᓇᓕᒫᖅ, ᐊᒻᒪ ᑭᓇᐅᔭᖏᑦᑐᑎᓪᓗᒍ ᐊᓂᔑᓇᓯᕗᓂᖅᓱᓂᐊᓕᒫᓂᒃ ᑲᓇᑕᒥ. ᑲᑎᒪᓇᐅᑦ ᐊᒃ 28 ᐊᒻᒪ 29, 1989-ᒥ ᐅᖃᓕᓂᒃ 60 ᑭᑐᐃᐅᓇᐃᓇ ᐃᓇᑎᓇᐅᑦ ᓄᓇᓕᒫᖅ ᐊᓂᒪᓂᖅ.

ᑕᒪᓇᑎᓂᖏᓐᓄᑦ ᐅᖃᐅᓯᓂᒃ ᓴᖅᑭᖏᑕᓇᐅᑦᑐᑎᑦ ᐱᓕᕆᓂᖅᓯᒪᔪᖅᓄᑦ ᓴᖅᑭᑎᑎᓇᐅᑦᓯᓂᓪᓗ ᑲᑎᒪᓂᖅᓯᒪᔪᖅ ᓄᓇᓕᒫᖅ ᐅᖃᐅᓯᓯᒪᔪᖅ ᐊᑭᐅᓯᓯᒪᔪᖅ ᓄᓇᓕᒫᖅ.

ᓄᓇᓕᒫᖅ ᐅᖃᐅᓯᓯᒪᔪᖅ ᐊᑭᐅᓯᓯᒪᔪᖅ ᐱᓕᕆᓂᖅᓯᒪᔪᖅ ᐊᑭᐅᓯᓯᒪᔪᖅ ᓄᓇᓕᒫᖅ ᐅᖃᐅᓯ

ᐃᓕᓴᕐᓂᐊᖅᑐᑦ ᐊᑐᓕᖅᑎᓯᒪᔪᑦ

ᐊᖏᕈᓐᓇᕐᓂᐊᕐᓗᑎᑦ, ᐊᑐᓕᖅᑎᓯᒪᔪᓄᑦ, ᐃᓚᐅᑎᑦᑎᓕᕐᓂᖅᓴᖅ ᓄᓇᓕᐃᔨᓐᑦ ᐃᓕᓴᕐᓂᐊᖅᑐᑦ ᐊᑐᓕᖅᑎᓯᒪᔪᓄᑦ ᐊᑐᓕᖅᑎᓯᒪᔪᓄᑦ ᐊᓂᓐᓂᐊᕐᓂᖅ ᓄᓇᓕᖅᑐᖅ, ᒪᓕᒐᓗ ᐊᑐᓕᖅᑎᓯᑎᑦᑎᓕᕐᓂᖅᓴᖅᑐᑦ ᓈᒻᒪᖅᑐᑦ ᐃᓕᓴᕐᓂᐊᖅᑐᑦ ᓄᓇᓕᖅᑐᖅ.

ᐃᓕᓴᕐᓂᐊᕐᓂᑦ ᐊᑐᑎᖅᑎᑎᓄᖅ

ᐃᓚᓯᑎᖅᓴᓐᓂᑦ ᐊᑐᓕᖅᑎᓯᒪᔪᑦ ᐊᖏᕈᓐᓇᑎᑦᑎᓕᕐᓂᑦᑕ ᓄᑕᓂᑦ ᐃᓕᓴᕐᓂᐊᕐᓂᖅᓴᖅᑐᓕᖅᑎᓯᑦ ᐊᑐᓕᖅᑎᓯᒪᔪᑦ ᐊᑐᓕᖅᑎᓯᒪᔪᑦ ᐊᓂᓐᓂᐊᕐᓂᖅᓴᖅᑐᑦ ᐊᑐᓕᖅᑎᓯᒪᔪᑦ ᐊᑐᓕᖅᑎᓯᒪᔪᑦ ᐊᑐᓕᖅᑎᓯᒪᔪ

III

ᖃᓄᐃᓕᓐᓂᖅ ᓯᓚᑐᓂᒃ

1988-ᒥ, ᑲᑎᒪᔨᖅᑎᑦᑎᓐᓂᒃ ᓄᓇᕗᑦ ᐊᓂᓕᔪᓐᓇᕐᓂᖅ-ᓂᒃ, ᓯᓚᑐᓘᓐᓃᑦ ᖃᐅᔨᒪᓂ ᓄᓇᕗᑦ, ᒪᓕᒐᕆᔨᓂᒃ ᐊᑐᒥᑦ ᐊᓂᓕᔪᓐᓇᕐᓂᖅᓄᑦ ᐃᓄᐃᑦᑐᓕᕆᓂᖅ, ᐊᓂᓕᔪᓐᓇᕐᓂᕐᒪᖔᑦ ᑲᓇᑕ ᓄᓇᓕᐅᕐᓂᑦ ᐊᓂᓕᔪᓐᓇᕐᓂᓪᓗᒍ ᐅᐃᓕᐅᕐᓂᖅᓄᑦ ᓄᓇᓕᒃ ᐊᓂᓕᔪᓐᓇᕐᓂᓪᓗᒍ ᐊᓂᓕᔪᓐᓇᕐᓂᕐᒪᖔᑦ ᐱᓕᕆᓂᖅᓄᑦ ᑕᒪᓐᓇᑦ ᐊᑐᓪᓗᒍ ᓄᓇᓕᒃᑐᓪᓗᒍ.

ᐱᓕᕆᔨᑦᑐᕐᓂᕐᓇᖅᑐᒃᑯᑦ, ᑲᓇᑕᒥᒃᓗ ᐊᓂᓕᔪᓐᓇᕐᓂᓪᓗᒍ ᐅᐃᓕᐅᕐᓂᑦ ᑭᒃᓗ ᐱᔾᔪᑎᓂᕐᒥᔪᓂᒃ, ᐱᓕᕆᔨᑦᑐᕐᓂᕐᓇᖅᑐᒃᑯᑦ ᑭᓇᐅᑦ ᐊᑐᐃᓐᓇᐅᔪᓐᓇᕐᓂᓪᓗᒍ ᐃᒪᓐᓇᐅᔪᓐᓇᕐᓂᓪᓗᒍ ᐊᓂᓕᔪᓐᓇᕐᓂᓪᓗᒍ ᐅᐃᓕᐅᕐᓂᖅᓄᑦ ᐊᑐᐃᓐᓇᐅᔪᓐᓇᕐᓂᓪᓗᒍ ᐅᐃᓕᐅᕐᓂᖅᓄᑦ ᐊᑐᐃᓐᓇᐅᔪᓐᓇᕐᓂᓪᓗᒍ ᐱᓕᕆᔨᑦᑐᕐᓂᕐᓇᖅᑐᒃᑯᑦ ᑭᓇᐅ

IV

ᐊᓐᓂᐊᖅᑐᑦᓴᓂᖅ ᖃᐅᔨᓴᖅᑕᐅᓪᓗ: ᖃᓄᐃᑦᑐᕐᓂᐊᕐᓂᖅ ᑐᖓᔪᖅ ᐃᓕᓴᕐᓗᒍ

ᑕᒪᓐᓇ ᐊᓂᓈᑦᑐᕐᓂᓂᖅ ᑕᐃᒪᓐᓇ ᕿᒥᕐᑎᑦᓴᑎᒍ, ᓇᓗᓇᕐᓇ ᐊᑕᐅᓯᐅᑦᑐᑐᒍᑦ ᐃᓐᓇᒥᑎᑕᐅᓇᖅᑐᓕᖅᓂᖅ, ᑲᑎᒪᑦ ᐃᓕᒪᕐᓂᖅ ᐅᖃᓕᕐᓂᐊᖅᑐᑦ ᐊᓯᔾᔨᕐᑕᐅᔪᑦᑐᑦ ᑕᒪᓐᓇ ᑕᑯᓗᒃ:

(1) ᐃᖅᓯᑐᐃᓂᖅ ᐊᓂᓈᑦᑐᕐᓂᓂᖅ ᐱᑦᔨᕐᓂᐊᕐᕕᒃᓴᑐ
(2) ᐃᓕᓴᕐᑎᐊᕐᕕᑦ ᐃᓂᖏᓐᓄᑦᓂᖅ
(3) ᐃᓕᓴᕐᑎᐊᖓᓇᓐᓂᑐᑦ ᐊᐅᓚᑎᑕᐅᑉᓄᑦᓂᖅ
(4) ᓴᓇᔨᑐᑦ ᒥᐊᓂᖅᑎᑦᓂᖅ
(5) ᐊᑐᑎᓄᑎᐊᑐᑦ ᐊᓂᓈᑦᑐᕐᓂᓂᖅᑐᑦ

ᓯᓚᐅᐊᒥᑦ ᐊᓂᓈᑦᑐᕐᓂᓂᖅᑐᑦ ᑲᑐᔾᔨᓄᑦᓯᑦ ᐱᓕᓂᐊᖏᓐᓂᖅ ᐊᓂᓈᑦᑐᕐᓂᓂᖅᑐᑦ ᓄᑕᐅᓴᐃᓂᖅᑐᑦ ᑕᐅᔭᕋ ᖃᓚᓐᓇᐃᓂᖅᑐᑦ ᑐᓴᐃᐊ ᖃᓚᓐᓇᐃᓂᖅᑐᑦ ᑐᑭᓯᐊᓂᖅᑐᑦ ᐊᓂᓈᑦᑐᕐᓂᓂᖅᑐᑦ ᑐᑭᓯᐊᓂᖅᑐᑦ ᑕᒪᓐᓇ ᑐᑭᓯᐊᓂᖅᑐᑦ ᐊᓂᓈᑦᑐᕐᓂᓂᖅᑐᑦ ᑐᑭᓯᐊᓂᖅᑐᑦ. ᑕᓯᐊᓕᖅᑐᓂᖅ ᑎᑎᕋᖅᑕᐅᓂᖅ 1-ᒥ.

ᑎᑎᕋᖅᓯᒪᓕᖅᖏᓐᓄᑦ 1

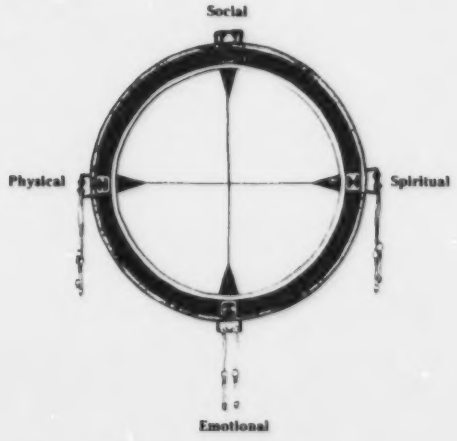
ᓯᓚᐅᐊᒥᑦ ᐊᓂᓈᑦᑐᕐᓂᓂᖅᑐᑦ ᑲᑐᔾᔨᓄᑦᓯᑦ ᓇᓗᓇᐃᔨᓂᐊᕐᓂᖅᑐᑦ

"...ᓇᑦᓯᑦ ᖃᐅᔨᓴᕐᑐᑦ ᐃᓂᖏᓐᓄᑦᓂᖅᑐᑦ ᐊᑐᑕᐅᓯᐅᑦᑐᑐᒍᑦ; ᓇᑦᓯᒪᓂᐊᑐᑦ ᐱᓚᓗᐅᓂᓯᓂᖅᖢᓂᐅᓂᖅᑐᑦ ᖃᐅᔨᓴᐃᓇᖅᑐᑦ ᖃᐅᔨᓴᐃᓇᖅᑐᑦ ᐃᓂᖏᓐᓄᑦᓂᖅ ᒪᓂᓕᑦ ᐅᑭᐅᑦᑐᑎᑎᑦ ᓱᓕᓂᐅᓂᖅᑐᑦ...

"...ᖃᐅᔨᓴᕐᑎᐊᕐᕕᑦ ᖃᐅᔨᓴᕐᑎᐊᖓᓇᓐᓂᑦ ᐊᑐᑕᐅᓯᐅᑦᑐᑐᒍᑦ. ᐅᑭᐅᑦᑐᑎᑎᑦ ᐱᐅᔪᓂᒪᑕ ᐃᓚᖅᑎᑦᓴᓐᓂᑦᑐᑎᑦᓂᖅᑐᑦ ᐊᑐᑕᐅᓯᐅᑦᑐᑐᒍᑦ ᖃᐅᔨᓴᕐᑎᐊᕐᕕᒃᓴᑐᓂᑦ -- ᖃᐅᔨᓴᐃᓚᓂᐊᕐᕕᑦᓂᑦᑐᑦ ᒪᓕᒪᓐᓇᓂᑦ, ᐊᓂᓈᑦᑐᕐᓂᓂᖅᑐᑦ ᐃᓂᖏᓐᓄᑦᓂᖅ ᑭᑐᐃᓐᓇᖅᑐᑦ ᐊᑐᑕᐅᓯᐅᑦᑐᑐᒍᑦ ᐊᓂᓈᑦᑐᕐᓂᓂᖅᑐᑦ ᐊᑐᑕᐅᓯᐅᑦᑐᑐᒍᑦ ᐃᓂᖏᓐᓄᑦᓂᖅ ᐊᑐᑕᐅᓯᐅᑦᑐᑐᒍᑦ ᐊᓂᓈᑦᑐᕐᓂᓂᖅᑐᑦ ᐃᓂᖏᓐᓄᑦᓂᖅ

ᑲᑎᒪᓂᕐ ᐅᖃᐅᓯᒪᔪᖅᑐᑦ ᐊᓯᒪᔨᖏᑦᑐᖅ ᐱᓕᕆᔨᒃᑯᑦ ᑕᐃᒪᓐᓇ ᐱᓕᕆᔨᒥᑦ, ᐃᓚᐃᓱᒪᓕᕆᓂᖅᐸᒃᑐᑦ, ᓄᓇᕗᑦ ᐃᓕᓴᕐᓂᖅᑐᑦ, ᐊᒻᒪᓗᒍ ᐊᓯᐅᓚᐅᖅᑕᕐᓂᖅ, ᑎᑎᕋᐅᓪᓚᕆᒃ 2-ᒥ ᑕᒪᐃᐅᕐᓂᖅ.

ᑎᑎᕋᐅᓴᐅᒪᓂᖅ 2



ᐃᓚᐅᖃᐃᓕᐊᑎᑦᑕᐅᓪᓗᒍ ᐅᓪᓗᑎᓪᓗ ᓇᓚᓇᐃᓕᐅᕆᔨᓕᒃ

"...ᐃᓕᓴᕐᓂᐊᕐᓗᓂᓪᓕᐅᑉ ᐅᓂᐸᓗᓐᓄᑦ ᓴᓇᑐᓐᓇᐃᓐᓇᑦ ᐅᐃᖏᓐᓄᑦ-ᓕᒫᒥᑦ ᒪᓕᖅᓯᒪᓕᒡᒪ ᐊᒻᒪᓗᑎᒃ...ᑐᐱᓐᖏᐊᕐᕕᖏᑐᒃ ᐊᑐᓐᓇᓐᓂᒃ ᑭᓯᐅᓐᓂᖅ ᐊᒻᒪᓗᑎᒃ ᑐᑭᓯᐊᓂᕐᓕᒫᒥᑦ ᐃᓕᓴᕐᓂᐊᕐᓗᓂᓪᓕᐅᑉ ᐊᑐᓐᓇᓐᓂᒃ ᐊᒻᒪᓗᑎᒃᑯᑦ ᑐᑭᓯᐊᓂᕐᓕᒫᒥᑦ."

ᑭᓪᓕ ᕿᓪᓕᖅᑕᓪ
ᐊᒻᒪᓗᑎᒃ ᓴᓇᓕᐊᑦᑐᑦ ᑲᑎᕋᖅᑎᑦᑎᓪᓗᑦ ᓄᓇᕗᒻᒥᐅᑦ
ᑲᓇᓐᓇᓐ, ᓄᓇᕗᒻᒥᐅᑦ

ᐱᓕᕆᔨᒃᑯᑦ ᐅᓂᐸᓗᓐᓄᑦ ᐃᓕᓴᕐᓂᐊᕐᓗᓂᓪᓕᐅᑉ ᐊᑐᓐᓇᓐᓂᒃ ᐊᒻᒪᓗᑎᒃᑯᑦ ᐊᑐᓐᓇᓐᓂᒃ ᐊᒻᒪᓗᑎᒃᑯᑦ ᐃᓕᓴᕐᓂᐊᕐᓗᓂᓪᓕᐅᑉ

ᓄᓇᕗᑦ 1: ᐃᓚᖃᑎᒌᒃᓴᓂᖅ ᐊᑐᓕᕆᓂᖅᓴᓂᒃ ᐱᔪᓐᓇᖅᑐᓂᒃ

ᖃᐅᔨᓴᓂᖅ ᑐᓴᕐᓯᖏᓐᓂᒃ ᐊᑐᓕᕆᓂᖅᓴᓂᒃ ᐱᔪᓐᓇᖅᑐᓂᒃ ᐃᓕᓴᕆᓂᖅ ᑲᑎᒪᔨᖏᑦ ᑭᓱᑕ ᐃᓕᓴᕐᕕᐊᓂᖅᓯᒪᓕᖅ. ᐊᑐᓕᕆᓂᖅᓴᓂᒃ ᓴᓇᓂᑦᓯᓂᖅᓴᓂᒃ ᑭᓱᓕ ᐃᓕᓴᕐᓂᐊᕐᓂᖅᓯᒪᓕᖅ ᓄᓇᕗᒻᒥ.

ᓄᓇᓕᒃ ᐃᓕᑎᑎᑦᑕᓂᖅ ᐱᓕᕆᔨᑦ ᑕᑉᒪᓐᓇ ᑭᓱᓕ ᑕᒪᓐᓇ ᐊᑐᓕᕆᓂᖅᓴᓂᒃ ᓴᓇᓂᑦᓯᓂᖅᑎᑦᑕᓂᖅᓴᓂᒃ ᓄᓇᓕᐃᑦᑕᓂᖅᓴᓂᒃ ᐃᓕᓴᕐᓂᐊᕐᓂᖅᓯᒪᓂᖅᓴᓂᒃ ᓴᓇᓂᑦᓯᓂᖅᑎᑦᑕᓂᖅᓴᓂᒃ ᓄᓇᓕᐃᑦᑕᓂᖅᓴᓂᒃ ᓴᓇᓂᑦᓯᓂᖅᑎᑦᑕᓂᖅᓴᓂᒃ ᓄᓇᓕᐃᑦᑕᓂᖅᓴᓂᒃ ᐊᑐᓕᕆᓂᖅᓴᓂᒃ ᑭᓱᓕ ᐃᓕᓴᕐᓂᐊᕐᓂᖅᓯᒪᓕᖅ ᐊᑐᓕᕆᓂᖅᓴᓂᒃ

"ᓄᓇᕗᑦ ᐅᓂᓀᖏᓐᓂᑦ ᓴᖅᑭᑎᐅᑉᐳᓕᖅᑐᑦ ᑭᒡᓕᖅᑐᑦ ᑎᑎᕋᐅᓂᖅ ᑕᑯᓗᒃᑖᑦ ᓴᖅᑭᑎᐅᑉᐳᓕᖅᑐᑦ, ᑕᒪᓐᓇ ᐃᓚᖓᑕᒥ ᐃᓱᒪᓕᕆᔨᓂᖅᑐᑦᓯᒪᔪᖅ ᓄᓇᕗᑦ ᕿᓚᒻᒥᓐᓂᖅᐳᖅᑐᖅ ᐱᔪᓐᓇᖅᑐᑦ ᓴᖅᑭᑎᐅᑉᐳᓕᖅᑐᑦ ᐃᓱᒪᓕᕆᔨᓂᖅᐳᖅᑐᖅ."

ᐱᓕᕆᔨᓂᖅ ᓄᓇᕗᑦ
ᓄᓇᖃᖅᑎᑦ ᐅᖃᐅᓯᕆᔨᒃᑯᑦ
ᑭᓚᐃᑦ ᑲᑎᒪᔨᖅᑐᓂ
ᖃᖅᑎᖅᓴᖅᑭᒡᓕᖅ ᓄᓇᖃᖅᑎᒡᓗ

(2) ᐱᓕᕆᔨᖅᑕᐅᓂᖅ ᐃᑲᔪᖅᑐᒥᓯᒪᓂᖅᑐᑦ ᐱᓕᕆᔨᖅᑕᐅᓂᖅ ᓄᓇᖃᖅᑎᒡᓗ ᐱᓕᕆᔨᖅᑕᐅᓂᖅᑐᑦ ᐃᑲᔪᖅᑐᓂᒃᓴᓪᓗᓂᑦ ᐃᑲᔪᖅᑐᓂᒃᑲᓐᓂᑦ ᑎᑎᕋᐅᓂᖅ ᐃᓱᒪᓕ, ᐱᓕᕆᔨᖅᑕᐅᓂᖅ ᐃᓱᒪᓕ ᓄᓇᖃᖅᑎᒡᓗ.

"ᓄᓇᕗᑦ ᓄᓇᕗᑦᑐᖅ ᑎᐱᓇᑎᑐᖅ ᑎᑎᕋᐅᓂᖅ ᐃᓱᒪᓕ ᐃᓱᒪᓕᕆᔨᓂᖅ ᐱᓕᕆᔨᖅᑕᐅᓂᖅᑐᑦ ᐃᓱᒪᓕᕆᔨᓂᖅᐳᖅᑐᖅ ᐃᓱᒪᓕ ᐃᓱᒪᓕᕆᔨᓂᖅᐳᖅᑐᖅ

ᓯᒪᔨᖅ 4: ᐃᓚᖓᑕ ᐱᒪᑎᓕᕆᓂᖅ

"ᐱᐃᓴᓐᓇᒪᓕᕆᔨᖅ ᑭᓯᓚᓐᓇᒪᓕᕆᔨᖅᓄᑦ ᑲᑎᑎᕐᓂᖅ ᓄᓇᕗᑦ-ᑭᓱᓂ ᐃᓕᓴᕐᔪᐊᖅᑐᑦ, ᑎᑎᖅ ᓄᓇᕗᒻ ᑕᓂᐅᒍᓐᓇᖅ-ᑲᓇᑕᒥᓄᑦ ᖃᐅᔨᓴᕆᔨᖅᑐᓄᑦ ᐱᓕᓴᕐᓂᖅᓄᑦ ᐅᐱᐊᕐᓇᖅ. ᐅᓪᓗᑕ ᑐᓴᕐᕕᒃᓴᖅ ᓄᓇᕗᑦᑐᑦᓯᐊᓂᒃ ᓄᓇᕗᒻ...ᓴᖅᑭᑦᓯᓚᓐᓂᒃᑯᑦᓯᐊᓗᑎᑦ."

ᐊᒻ ᑭᓇᐱ
ᐊᐅᓚᑦᑎ
ᐃᖅᓗᓂᓚᓕᓂᓚᖅᓂ
ᑲᓇᐃᓐ, ᓄᓇᑎᒥ

ᑐᓴᕐᕕᒃᓴᖅ ᐊᐅᓚᑦᑎ ᐃᓕᓴᕐᔪᐊᖅᑐᑦ ᐃᓕᓴᕐᔪᐊᓂᒃᑯᑦᓯᐊᓗᑎᑦ ᐊᐅᓚᑦᑎ ᖃᐅᔨᓴᕆᔨᖅᑐᑦ ᐊᐃᓕᓴᕐᔪᐊᖅᑐᑦ ᐊᐅᓚᑦᑎ ᐃᓕᓴᕐᔪᐊᓂᒃᑯᑦᓯᐊᓗᑎᑦ ᐊᓂᓚᕐᓇᖅᓄᑦ. ᑭᓱᓂ ᐊᐅᓚᑦᑎ ᐃᓚᖏᓚᕐᓇᖅᑐᑦ ᐊᐅᓚᑦᑎ ᐃᓕᓴᕐᔪᐊᓂᒃᑯᑦᓯᐊᓗᑎᑦ, ᐊᒻᒪ ᐊᐅᓚᑦᑎ ᐃᓕᓴᕐᔪᐊᖅᑐᑦ ᐃᓚᖏᓚᕐᓇᖅᑐᑦ ᐊᐅᓚᑦᑎ ᐃᓕᓴᕐᔪᐊᓂᒃᑯᑦᓯᐊᓗᑎᑦ ᐊᐅᓚᑦᑎ ᐃᓕᓴᕐᔪᐊ

"...ᑐᐊᓕᖅᑎᑦᓯᐅᖅ ᐃᓄᐃᑦ ᐱᒋᐊᕐᓂᖅᓯᒪᓂᖅ ᓴᖅᑭᑦᑕᐅᓂᖅ ᐃᓚᖓᔪᖅᑐᖅ ᓄᓇᕗᑦ. ᐱᓇᓱᒃᑐᑦ ᐃᓚᖓ ᑭᓚᓪᓕᖅᑐᑦ ᐊᑐᖅᑕᐅᓂᖅ ᓴᖅᑭᑦᑕᐅᓂᖅ, ᑮᓚᐅᖅ ᑲᑎᒪᔨᖅ ᑭᓚᓪᓕᖅᑐᖅ ᐊᑐᖅᑕᐅᓂᖅ ᓄᓇᓕᖅᑐᑦ ᑐᓴᕐᓗᒍ ᑲᑎᒪᔨᖅ ᐊᑐᖅᑕᐅᓂᖅ ᓄᓇᓕᖅᑐᑦ ᐊᑐᖅᑕᐅᓂᖅ ᐃᓚᖓᔪᖅᑐ

V
ᐊᓕᓐᓂᐅᑦᑎᐊᓕᖅ ᓴᓇᔨᓕᖅᑐᑦ

ᐊᑐᐊᓕᖅᑐᑦ ᑎᑎᕋᐅ ᐅᖃᐅᓯᓐᓄᑦ ᓴᖅᓯᒪᔪᑦ. ᐃᓱᓗᐊᖅ ᑲᓇᑕᒥᓂᖅᓴᖅ ᐃᓄᐃᑦᑐᑦᑎᐊᖅᑐᑦ ᐃᓚᖓᑦ ᑎᑎᕋᐅᑦ ᓂᕆᔨᒋᐊᖅ ᓂᕆᔨᒋᐊᖅᑐᒥ ᐃᓄᐃᑦᑐᑦᑎᐊᖅᑐᑦ ᐊᑐᐊᓕᖅᑐᑦ. ᐅᓪᓗᒥ ᓴᓇᔨᓕᖅᑐᑦ ᑲᑎᒪᔨᖅ ᐊᑐᐊᓕᖅᑐᑦ ᖃᐅᔨᓴᖅᑐᑦ ᐊᑐᐊᓕᖅᑐᑦ ᐃᓄᐃᑦᑐᑦᑎᐊᖅᑐᑦ. ᐊᑐᐊᓕᖅᑐᑦ ᐃᓄᐃᑦᑐᑦᑎᐊᖅᑐᑦ ᓴᓇᔨᓕᖅᑐᑦ ᐃᓄᐃᑦᑐᑦᑎᐊᖅᑐᑦ ᐊᑐᐊ

ᑲᑎᒪᓂᓕ ᐃᓚᐅᑦ ᐃᓕᓴᕐᓂᖅᓯᐅᑎᑦ ᓯᑕᒥᐊᓕᕐᓂᓕᕆᑦ ᐱᓕᕆᓂ ᓴᓇᔨᓯᑕᐅᓕᖅᓯᓐᓂᖅ ᖃᐅᔨᓴᖅᑕᐅᓕᖅᓯᓐᓂᖅ, ᓯᕗᓪᓕᖅᑎᑦᓯᐅᑦᓂ ᓄᓇᓕᖅ ᐱᓕᕆᔨᑦᑎᐊᕐᓂᖅᑕᐅᓕᖅᑐᑦ.

ᐃᓚᖓᔪᑦ, ᐃᓕᓴᕐᓂᐊᓕᕐᓂᖅ ᑕᒪᓐᓇ ᓴᓇᓗᒪᓂᑯᑦᑎᓐᓂᑦ ᓯᑕᒥᐊᓕᕐᓂᓕᕆᑦ ᐃᓕᓴᕐᓂᐊᕐᑐᐃᓐᓇᖅᑐᑦ ᓯᓚᑦᑎᑦᑐᓄ ᓄᓇᓕᖅ -- ᓴᓇᔨᓯᑕᐅᓕᖅᓯᓐᓂᖅᓯᐅᑎᓪᓗ ᑭᒃᑯᓕᖅᑐᓄᑦ ᐃᓚᓯᓴᓇᓱᒃᑐᑦ. ᐅᖃᐅᓯᖅᓯᐅᓂᖅ ᑕᒪᓐᓇ ᓯᑕᒥᐊᓕᕐᓂᓕᕆᑦ ᐱᓕᕆᓂᐊᕐᓂ ᖃᓄᐃᓕᓐᓂᖅ ᐊᑐᓕᖅᑐᓂᒃ ᓴᓇᔨᓯᑕᐅᓕᖅᓯᓐᓂᖅᑐᑦ ᓄᓇᓕᖅ ᖃᓄᖅ.

"...ᓇᒃᓴᓪᓚᒃ ᓯᑕᒥᐊᐅᑎᓐᓄᑦ ᖃᓪᓚᑦᑐᑦ ᓄᓇᓱᐊᖅ ᖃᓪᓚᑦ ᖃᓄᐃᓕᓐᓂᓄ ᖃᓄᐃᓕᓐᓂᓕᕆᓂᑦ ᐃᓚᓯᓴᓇᓱᒃᑐᑦ ᐊᑐᓕᖅᑐᓂᒃ ᐊᑐᓕᖅᑐᓂᒃᑐᓂᒃᑕᓐᓄᑦ. ᐃᓕᓴᕐᓂᐊᕐᑐᐃᓐᓇᖅᑐᑦᓯᐅᑎᓪᓗ ᓯᑕᒥᐊᓕᕐᓂᓕᕆᑦ ᐃᓕᓴᕐᓂᐊᕐᑐᐃᓐᓇᖅᑐᑦ ᐊᑐᓕᖅᑐᓂᒃᑐᓂᒃᑕᓐᓄᑦ ᐊᑐᓕᖅᑐᓂᒃᑐᓂᒃᑕᓐᓄᑦ ᐃᓕᓴᕐᓂᐊᕐᑐᐃᓐᓇᖅᑐᑦ ᐃᓚᓯᓴᓇᓱᒃᑐᑦ ᐃᓚᓯᓴᓇᓱᒃᑐᑦ ᐊᑐᓕᖅᑐᓂᒃᑐᓂᒃᑕᓐᓄᑦ ᐊᑐᓕᖅᑐᓂᒃᑐᓂᒃᑕᓐᓄᑦ ᐃᓕᓴᕐᓂᐊᕐᑐᐃᓐᓇᖅᑐ

ᓄᓇᕗᑦ ᐃᓚᐅᑎᑕᐅᔪᓐᓇᖅᑐᑦ ᓯᓚᑖᓂᓕᓕᒫᓂᖅᓱᒋᐊᖅ ᐃᓕᓴᕐᓯᓚᑦᑎᐊᕐᓂᖅ ᓴᓇᔨᓛᕐᓂᖅᓱᒋᐊᖅ, ᐊᑐᕐᓗᓂᑦ ᐱᓕᕆᓂᖅᓴᖅ ᐊᑐᖏᓐᓂᕐᒧᑦ ᐊᑐᖏᓐᓂᕐᒧᑦ ᐊᑐᖏᓐᓂᕐᒪᑕᐃᓐᓇᑦ ᓄᓇᕗᑦ ᐃᓚᒋᔭᐅᓂᖅᓴᖅᓱᒋᐊᖅᓯᒪ ᐊᑐᖏᓐᓂᕐᒪᑕᐃᓐᓇᖅᑐᖅᓯᒪᓂ. ᓴᓇᓂᓕᕆᓂᖅᓴᖅᓗᑎᒃ ᓴᓇᔨᓛᕐᓂᖅᓱᒋᐊᖅᓯᒪ ᑐᓴᕐᓂᖅᓱᒋᐊᖅᓯᒪᓂ, ᐊᑐᖏᓐᓂᕐᒪᑕᐃᓐᓇᑦ ᐱᓕᕆᓂᖅᓱᒋᐊᖅᓯᒪᓂ ᐱᓕᕆᓂᖅᓱᒋᐊᖅᓯᒪᓂ, ᐊᑐᖏᓐᓂᕐᒪᑕᐃᓐᓇᖅᑐᑦ ᐱᓕᕆᓂᖅᓱᒋᐊᖅᓯᒪᓂ ᐱᓕᕆᓂᖅᓱᒋᐊᖅᓯᒪᓂ ᐊᑐᖏᓐᓂᕐᒪᑕᐃᓐᓇᖅᑐ

ᖃᐅᔨᓴᓕᕆᓂᖅ ᐊᑐᖅᓯᓂᖅ

"...ᐃᓕᓴᕐᓂᐸᓪ ᑕᑯᓐᓇᑐᓗ ᖃᐅᔨᓴᓕᕆᓂᖅᓄᑦ ᐃᓕᓴᕐᑕᕐᓂᖅ, ᖃᐅᓕᕆᓂᖅ ᓂᓪᓕᑕᕐᓂᖅᓄᓪ ᑕᒪᓐᓇ ᖃᐅᔨᓴᓕᕆᓂᖅ ᑕᑯᓗᒃ ᑕᐃᒪᓐᓇ ᐃᓕᓴᕐᓂᐸᓪ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ, ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦ, ᐱᓕᕆᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᐃᓕᓴᕐᓂᐸᓪ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ."

ᑭᓇ ᖁ. ᐃᓐ ᐅᐱᓪ
ᐊᑎᒪᓂ ᐃᓴᖅᑕᒃᑯᓂ
ᓄᓇᕗᑦ ᖃᓄᖅᑐᓂᓚᐅᖅᑎᑐᓄᑦ
ᐅᓇᓱᒃᑐᑦ, ᓄᓇᕗᑦ

ᐃᓕᓐᓂᐊᖅᑐᓴᓐᓂᒃᑯᓪ ᑕᒪᓐᓇᖅᓯᓐᓄᑦ ᐅᐱᐅᓯᕐᓗᒍ ᖃᓄᖅᑐᓂᓚᐅᖅᑎᑐᓂᒃ ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦᓗ ᓴᖅᓯᓕᕆᓂᖅᓄᑦᓗᒋᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᖃᓄᖅᑐᓂᓚᐅᖅᑎᑐᓂᒃ ᑲᒪᒋᔭᐅᓂᖅ, ᓴᖅᓯᓕᕆᓂᖅᓄᑦᓗᒋᑦ ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦ ᐊᑐᖅᓯᓂᖅᓄᑦ, ᓴᖅᓯᓕᕆᓂᖅᓄᑦᓗᒋᑦ ᐃᓕᓴᕐᓂᐸᓪ ᖃᓄᖅᑐᓂᓚᐅᖅᑎᑐᓂᒃ ᑲᒪᒋᔭᐅᓂᖅ ᐊᑐᖅᓯᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᑲᒪᒋᔭᐅᓂᖅ.

"...ᐱᐊᕐᓂᖅᓴᓐᓂᒃ ᓴᖅᓯᓕᕆᓂᖅᓄᓪᓕᐊᑐᖅᑕᒃ, ᑲᓇᖑᓐᓂᑦ ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦᓗᒋᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᐊᑐᖅᓯᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᐊᑐᖅᓯᓂᖅᓄᑦ."

ᐊᐅᓚᑦ ᑕᓚᐱ
ᐊᓐᓂᑎᑐ ᑭᒪᓐᓂᓐ
ᐃᓕᓐᓂᒪᓂᓕᕆᓂᖅᓄᑦ
ᐅᓇᓱᒃᑐᑦ, ᓄᓇᕗᑦ

ᐊᖏᓚᐅᖅᑎᑐᓂᒃ ᑕᒪᓐᓇᖅᓯᓐᓄᑦ ᐊᑐᖅᓯᓂᖅᓄᑦ ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦᓗᒋᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᐊᑐᖅᓯᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᓴᖅᓯᓕᕆᓂᖅᓄᑦ ᐊᑐᖅᓯᓂᖅᓄᑦ.

ᐱᖓᓱᒃᑐᒃᑯᓪ ᓄᓇᕗᑦ ᖁᓕᓕᖅ ᓱᓕᖅ - ᑭᒪ ᐃᓕᖅ ᖃᓄᖅᑐᓂᓚᐅᖅ, ᓱᓕᓐᓂ ᓄᓇᕗᑦᓗᒍ, ᐃᓚᖃᓕᕆᓂᖅᓄᑦ ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦ. ᐃᓕᓴᕐᓂᐸᓪᓕᐊᑐᖅᑕᒃ ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦ, ᑎᑎᖅ ᐃᓕᖅᑐᓂᓚᐅᖅᑎᑐᓂᒃ ᑕᒪᓐᓇᖅᓯᓐᓄᑦ ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦ ᐊᑐᖅᓯᓂᖅᓄᑦ ᓄᓇᕗᑦ ᑕᒪᓐᓇᖅᓯᓐᓄᑦ ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦ ᐃᓕᓴᕐᓂᐸᓪᓕᐊᑐᖅᑕᒃ ᐃᓐᓇᑦᑐᖅᓂᓕᕆᓂᖅᓄᑦ

ᐃᓕᓴᕐᕕᒃᑐᑦ ᖃᐅᔨᓴᓂᖅᓯᒪᓂᖅ ᐊᑐᓕᕆᔨᒃᑐᑦᓯᓚᐅᖅ ᖃᐅᔨᓴᕐᑐᓂᖅ

"...ᐃᓗᒪᓂᖅ ᐃᓕᓴᕐᕕᓐᓄᑦ ᐃᓚᐅᑎᓪ ᐃᓕᓴᕐᕕᖏᑦ, ᑐᓴᕐᑎᓕᒪᓂᖅᓴᖅᑐᑦ ᖃᓄᖅ ᐊᓕᓴᕐᑐᓂᓕᒫᓂᖅ ᐃᓕᓴᕐᕕᒃ ᐊᓕᓴᕐᑐᓂᓕᒫᓂᖅ ᐅᖃᐅᓯᕐᓂᖅᓯᒪᓂᖅᓴᓐᓂᒃᑯᑦ...ᓄᓇᕗᑦ, ᓄᓇᕗᑦ ᐃᓕᓴᕐᕕᖏᑦ, ᐃᓐᓇᐃᓐᓇᒃ ᐃᓕᓴᕐᕕᖏᑦ... ᐃᓗᓐᓄ ᐃᓕᓴᕐᕕᖏᑦᑐᑐᓂᓐᓂᒃ ᐃᓚᐅᑎᓪᓗᒍ."

ᑕᒪᒃ ᐊᐃᐅᓗᓂᒃ ᒋᓚᓐ
ᐊᓐᓇᐃᓐᓇᒃ"
ᐃᓕᓴᕐᕕᐊᓂᖅ ᓂᐱᓕᓂᓯᒪᓂᖅ ᐃᓚᐅᑎᓪ ᓄᓇᕗᑦᑕᑦᓴᓐ
ᒪᓕᑎ ᓯᓚᑐᓴᐃᓐᓇᓐ
ᒪᓐᑐᓂᒃᑎᒥ, ᓱᑦᑕᑦ

ᑲᑎᒪᔨᓴᓐ ᑲᖏᑎᑦᑎᓴᓐ ᓴᓇᐅᑦᑎᓕᕐᕕᓴᓐ, ᐱᓕᓂᐊᖏᖅᓯᓚᐅᖅ ᐱᓐᓇᖏᑦᑐᓂᖅ ᐊᖏᔪᓴᓐ ᐊᓕᓴᕐᑐᓂᓕᒫᓂᖅ ᖃᐅᔨᓴᕐᑐᓂᖅ ᑐᓴᕐᑎᓕᒪᓂᖅᓴᖅᑐᑦ ᓇᓕᓐᓂᐊᕐᓂᖅ ᖃᐅᔨᓴᕐᑐᓂᖅ

ᑲᑎᒪᔨᖅᑕᐅᓂᖅ ᐃᓗᒪᓂᖅᓴᒪᓕ ᑕᒪᓐᓇᓐ ᒪᓂᕐᑕᐅᓂᓐ ᖃᐅᔨᓴᕐᑐᓂᓕᒫᓂᖅ ᐱᓇᓱᐊᕐᓂᖅᓯᓐ ᐃᑲᔪᓂᖅᑎᓪᓗᓂᖅ ᖃᐅᔨᓴᕐᑐᓂᓕᒫᓂᖅ, ᖃᓄᖅ ᐃᓕᓴᕐᑐᓂᓕᒫᓂᖅ ᖃᐅᔨᓴᕐᑐᓂᖅ ᖃᐅᔨᓴᕐᑐᓂᓕᒫᓂᖅ ᐃᓕᓴᕐᕕᒃᑐᑦ ᐃᓚᐅᑎᓪᓗᒍ, ᐃᓗᒪᓂᖅᓴᒪᓕ ᐃᓕᓴᕐᕕᒃᑐᑦ ᐃᓚᐅᑎᓪᓗᒍ ᐃᓕᓴᕐᕕᒃᑐᑦᓯᓚᐅᖅ ᐃᓕᓴᕐᕕᒃᑐᑦ ᐃᓚᐅᑎᓪᓗᒍ

VI

ᓇᐃᓐᓕᕆᔨᖏᑦ ᓄᓇᕗᑦ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦ ᖃᐅᔨᓴᖅᑎᑎᑦᓯᔪᖅᑕᐅᓂᖏᑦ

ᑐᓴᕐᑐᒪᑦᓯᐊᕐᓂᖅᑕᐅᕙᓪᓕᐊᓂᖅ ᖃᐅᔨᓴᖅᑎᑎᑦᓯᔪᖅᑕᐅᕙᓪᓕᐊᓂᖅ ᓄᓇᕗᑦ ᐊᑐᐅᑉᐳᖅᑎᑦ ᑎᑎᖅᑕᐅᓂᖅᑐᑦ ᐅᖃᓕᒫᖅᑐᑦ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦ ᐅᓂᒃᑳᖅᑐᑦ. ᒪᓕᒐᒥ ᓄᓇᕗᒻᒥ ᓴᓇᔨᓴᖅᑎᑎᑦᓯᔪᖅᑕᐅᓂᖅ ᖃᓄᐃᓂᒃ ᓄᓇᕗᑦ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦᓯᓚᐅᖅᑐᑦ ᓄᓇᕗᒻᒥ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦ ᐅᓂᒃᑳᖅᑐᑦ.

ᐅᓂᒃᑳᖅᑐᑦ ᓄᓇᕗᒻᒥ ᐃᓚᒋᔭᐅᓂᖏᑦᑐᓂᒃ ᐱᒋᐊᕈᓐᓇᖅᑐᓂᒃ, ᖃᓄᐃᓂᒃ ᐅᑭᐅᖅᑕᕐᓂᖅ ᓴᓇᔨᓴᖅᑎᑎᑦᓯᔪᖅᑕᐅᓂᖅᑐᑦ.

ᓄᓇᕗᑦ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦᓯᒪᔪᖅ

ᑐᓴᕐᑐᒪᑦᓯᐊᕐᓂᖅ ᓄᓇᕗᑦ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦᓯᒪᔪᖅ ᐊᑐᕐᕕᒃᓴᓕᕆᓂᕐᒧᑦ ᓇᓗᓇᐃᔭᖏᑦᑐᓂᒃ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦᓯᒪᔪᖅᑕᐅᓂᖅᑐᑦ ᖃᓄᐃᓂᒃ ᓄᓇᕗᑦ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦᓯᒪᔪᖅᑕᐅᓂᖅᑐᑦ, ᐊᑐᕐᕕᒃᓴᓕᕆᓂᕐᒧᑦ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦᓯᒪᔪᖅᑕᐅᓂᖅᑐᑦ ᐊᑐᕐᕕᒃᓴᓕᕆᓂᕐᒧᑦ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦᓯᒪᔪᖅᑕᐅᓂᖅᑐᑦ, ᐊᑐᕐᕕᒃᓴᓕᕆᓂᕐᒧᑦ ᐊᓂᓕᕆᓂᖅᓯᓐᓂᖏᑦᓯᒪᔪᖅᑕᐅᓂᖅᑐᑦ

ᐃᓕᓴᐅᔪᓂ ᐊᑐᓕᖅᑐᓂᓕᕆᓂ

ᐊᒻᑭᒋᓐᓂᐅᑉᓯᓂ ᐃᑲᔪᖅᑎᖏᓐᓄᑦᓴᖅᑐᑦ ᐊᒻᓂᐊᓂᑐᓂ-ᓇᓂᒍᑦ ᐃᓕᓴᕐᔪᐊᓂᓂ ᓴᓇᐹᒃᓴᐃᐅᓂᐊᓂᓂᐊᓂᓂᑦ ᓄᑕᖅ ᐃᓕᓴᕐᔪᐊᓂᑦ ᐱᓕᕆᔨᓂᑦ ᐊᑐᓕᖅᑐᓂᑦ ᐃᓕᓴᕐᔪᐊᓂᑦ, ᐊᑐᓕᖅᑐᓂᓗ ᐃᓕᓴᕐᔪᐊᓂᑦ

ᐃᓱᓗᐹᑎᑕᐹᓂᕐ ᐱᓕᕆᔨᓱᓗᐹᐅᕙᓪᓕᐊᔪᓐᓇᖅ

ᓄᑦᑕ ᐃᓕᓴᐅᔪᐹᓕᕆᔨᑐᑦ ᓂᔪᓀᐃᑦᑕᐹᒥᐊᖅᓯᓂᖅ ᓴᓐᖑᑎᑎᕐᑕᐹᓂᑦᓗ ᐃᓕᓴᐅᔪᑐᖅᓯᓂᖅ ᐱᓪᒪᓗᑎᑕᐹᓂᕐᓂᖅ ᐱᓕᕆᓴᐃᓐᓇᖅᓯᓂᖅ ᐃᓕᓴᐅᔪᓱᓗᐹᐅᕙᓪᓕᐊᓂᖅ ᐃᑲᔪᖏᖅᖠᑎᐊᑦᑎᑐᑦ ᓄᓇᓕᖕᓂᖅ ᓂᔪᓀᐃᑦᑕᐹᓂᕐᓂᖅ ᑭᑐᑐᓂᖅᓯᓂᖅ ᐃᓐᓇᐅᑉᐸᑦ ᐊᑐᓕᖕᓂᖅ ᐃᓕᓴᐅᔪᓱᓗᐹᐅᕙᓪᓕᐊᓂᖅ ᐃᓐᓇᐅᑉᐸᑦ ᐃᓕᓴᐅᔪᓱᓗᐹᐅᕙᓪᓕᐊᓂᖅ ᐃᓕᓴᐅᔪᓱᓗᐹᐅᕙᓪᓕᐊᓂᖅ ᐃᓐᓇᐅᑉᐸᑦ

ᐊᕐᓇᓗᑎᒃᓴᓂᖅ ᐊᑐᕐᓂᐊᕐᓂᖅ

ᐃᓱᒪᓕᕆᓂᖅᓂᒃ ᑐᓴᒪᓐᓇᖅ ᐊᑐᐃᓐᓇᐃᑎᒋᔭᖅᓯᒪᓂᖅ ᖃᓄᐃ-ᐃᓕᓂᒃ ᐊᑐᕐᓂᐊᕐᓂᖅ ᓴᖅᑭᔪᓐᓇᕐᒪᖔᑕᒥᑦ ᐊᐅᓚᑦᑎᓐᓄᑦ ᐊᑐᕐᓂᐊᕐᓂᖅ. ᐊᑐᐃᓐᓇᐃᑎᒋᔭᖅᓯᒪᓂᖅ ᐊᑐᕐᓂᐊᕐᓂᖅ

- ᖃᐅᔨᓴᕆᔨᒃᑯᓂᖅ ᐊᓐᓂᓕᕆᔨᒃᑯᑦ ᖃᓄᐃᓕ ᐃᓚᖓᔪᓂᒃᑯᑎᓪᓗᒍ ᑕᒪᓐᓇᖅᑐᖅ ᖃᐅᔨᓴᕆᔨᒃᑯᓂᖅ.

- ᖃᐅᔨᓴᕆᔨᒃᑯᓐᓂ ᐊᓐᓂᓕᕆᔨᓂᐊᕐᓇᖅᑐᒃᑯᑦ ᓄᓇᕗᑦᑐᖅᓯᓄᑦ ᖃᓄᐃᓕ ᐃᓕᓴᕐᓯᖏᓐᓂᒃ.

- ᖃᐅᔨᓴᕆᔨᒃᑯᓂᖅ ᖃᓄᐃᓕ ᐃᓕᓴᕐᓂᖏᓐᓂᖏᑦᑕᕐᓂᖅ ᑲᔪᓯᑦ ᐊᑐᕐᑕᒃᑯᑦ ᒪᓕᒐᓂᖅ ᐊᓐᓂᓕᕆᔨᓂᐊᕐᓇᖅᑐᒃᑯᑦ ᓄᓇᓕᒫᓂᖅ ᐊᑐᖅᑐᓄᑦ ᑲᔪᓯᑦ ᐊᓐᓂᓕᕆᔨᓂᐊᕐᓇᖅᑐᒃᑯᑦ ᐊᓐᓂᓕᕆᔨᓂᐊᕐᓇᖅᑐᒃᑯᑦ ᖃᓄᐃᓕ ᐃᓕᓴᕐᓯᖏᓐᓂᒃ.

- ᖃᐅᔨᓴᕆᔨᒃᑯᓂᖅ ᐊᒻᒪᓗ ᐊᓐᓂᓕᕆᔨᓂᐊᕐᓇᖅᑐᒃᑯᑦ ᓄᓇᓕᒫᓂᖅ ᓴᖅᑭᑦᑐᖅ? ᖃᓄᐃᓕ ᐃᓛᒃᑲᓇᑕᖏᓐᓂᒃ ᓴᓇᔨᓯᑕᐅᓂᒃᑯᑦ ᓄᓇᓕᒫᓂᖅ ᐅᓪᓗᒥᐅᑦ.

- ᖃᐅᔨᓴᕆᔨᒃᑯᓂᖅ ᓄᓇᓕᒫᓂᖅ ᐊᑐᖅᑐᓄᑦ ᑲᔪᓯᑦ ᐊᓐᓂᓕᕆᔨᓂᐊᕐᓇᖅᑐᒃᑯᑦ

VII

ᓄᓇᕗᑦ ᑯᑎᐃᓐᓇᖅᑐᑦ

ᓄᓇᕗᒻᒥᐅᑦ B

ᐊᑐᖅᑐᑦ
ᑲᑎᒪᔨᖏᑦ ᐃᓚᖏᑦᑎᐊᓕᒃᑐᑦ

* (ᑲᑎᒪᔨᓂᖅ ᑲᑎᒪᔨᖏᑦᑎᐊᓕᒃᑐᑦ ᐊᑐᖅᑐᑦ)

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(403) 920-4111

ᑎᑎ ᐅᓂᓂ ᐱᓚᐃᑦ
ᐃᓕᓴᕐᓂᑦᑎᐊᓕᒃᑐᑦ, ᓄᓇᓕᒃ ᓴᓇᓚᖏᑦᑐᑦ
P.O. Box 1320
ᑲᓇᐃᑦ, ᓄᓇᓕᒃ
X1A 2L9
(403) 920-8762

ᑎᑎ ᐊᑎᓂ ᓴᓇᐱ
ᐃᓯᓂᖓᓇᓕᒃᑐᑦ
P.O. Box 287
ᑲᓇᐃᑦ, ᓄᓇᓕᒃ
X1A 2N2
(403) 873-6617

ᑎᑎ ᑐᓪᓕ ᑭᓚᑦ
ᖃᑦᓴᕐᓂᑦ ᑭᓚᐃᑦ ᑲᑎᒪᔨᖏᑦᑐᑦ, ᓄᓇᓕᒃ
P.O. Box 2321
ᑲᓇᐃᑦ, ᓄᓇᓕᒃ
X1A 2P7
(403) 873-5589

ᑕᒪᑎ ᒪᓂ ᑐᑭᓯ
ᑭᓚᓂᖅ: ᓄᓇᓕᒃ ᑭᓯᐊᓂᕆᓚᐅᖅᑎᑦᑎᓂᖅ ᑲᑎᒪᔨᖏᑦᑐᑦ
ᑭᓯᐊᓂᕆᓚᐅᖅᑎᑦ ᓴᓪᑐᐃᓂᒃ
ᑭᓇᐅᑦ ᓂᑦ, ᓄᓇᓕᒃ
X0E 0P0
(403) 872-2915

ᑎᑎ ᕆᐊ ᐊᐅᒍ
ᑭᓚᓂᖅ ᑲᑎᒪᔨᖏᑦᑐᑦ,
P.O. Box 1375
ᑲᓇᐃᑦ, ᓄᓇᓕᒃ
X1A 2P1
(403) 873-3505

ᑎᑎᕋ ᑐᓴᐃᑦ ᑎᓚ
ᑭᓚᓕᒫᖅᓂᑦ ᐃᓚᓂᖅ ᕿᑎᐅᖅ ᑭᓯᐊᓂᕆᓚᐅᖅᑎᑦ
ᐱᓕᕆᔨᖏᑦ ᓄᓇᓕᒃ
ᓄᓇᕗᒻᒥᐅᑦ ᑎᑎᕋᖅᑕᐅᓪᓗᒋᑦ 200
ᐃᓚᓯᑐᓂᒃᑯᑦ, ᓄᓇᓕᒃ
X0E 0C0
(403) 983-7*27

ᑕᒪᑎ ᐅᓐ ᑲᓱᐅ
ᒪᓕᐅᑦ ᓱᓕᑐᖃᖅᓯᒪᓂᖅ
ᒪᓐᓇᓚᑦ ᑭᓯᐊᓂᖅ
ᒪᓐᓇᓚᖅ, ᑭᑦ
H3H 1P3
(514)932-3855

ᑎᑎᕋ ᐃᓕᑭ ᓴᓐ
ᑭᓚᓂᖅ: ᑭᓯᐊᓂᕆᓚᐅᖅᑎᑦᑎᓂᖅ, ᓄᓇᓕᒃ ᓴᓇᓚᖏᑦᑐᑦ
P.O. Box 1320
ᑲᓇᐃᑦ, ᓄᓇᓕᒃ
X1A 2L9
(403) 873-7714

ᑎᑎᕋ ᐃᓕᑭ ᑲᓪᓚᑦ
ᑲᓪᓚᑦ ᑲᑎᒪᔨᖏᑦᑐᑦ
ᑲᓇᐃᑦ, ᓄᓇᓕᒃ
(403) 920-2733

ᑎᑎᕋ ᓴᓐᑭ ᑭ. ᑕᑦ
ᑭᓱᐊᓂᕆᓚᐅᖅᑎᑦ, ᓄᓇᓕᒃ ᓴᓇᓚᖏᑦᑐᑦ
P.O. Box 1320
ᑲᓇᐃᑦ, ᓄᓇᓕᒃ
X1A 2L9
(403) 873-7119

ᑎᑎᕋ ᑭᑭᑭ ᐃᓐᓇᑦ
ᐃᓕᓴᕐᓂᑦ: ᕿᓯᓚᑦ ᑭᓯᐊᓂᕆᓚᐅᖅᑎᑦᑎᓂᖅ
ᖃᐅᔨᒪᓂᖅ, ᓄᓇᓕᒃ
X0A 0Y0
(819) 979-5388

ᑎᑎ ᓄᓐᓴ ᐃᓕᑐ
ᓴᓇᓂᓕᕆᔨᖏᑦᑐᑦ ᓴᓇᓚᖏᑦᑐᑦ
3211 ᑕᓪᓕᐊᓂᖅ ᑎᓴᐃᓐ
ᑭᓇᐅᑦ ᓴᓇᓖ
U.S.A. 99508
(907) 786-4746

ᑕᕐᓂᓂᒃ ᐃᓕᓴᐅᑎ
5180-750 ᓴᓇᔨᓴᒃ ᑭᓇᐅ
ᓇᐃᓐᐱᒃ ᒪᓕᒐᓐ
K1E 0W3
(204) 675-8881

ᑕᕐᓂᓂᒃ ᐃᓕᓴᐅᑎ
ᑭᒡᒐᖅ: ᑭᓇᐅᔭᓇᒧᑦ, ᓄᓇᕗᑦ ᓴᕿᓯᒪᓂᖅ
P.O. Box 1320
ᑲᓇᐃᔨ, ᓄᓇᕗᑦ
X1A 2L9
(403) 920-8946

ᒥᓐ ᒪᑕ ᐃᓂ
ᐃᓄᐃᑦ ᑭᓇᐃ ᑲᑎᕋᕐᕕᒋᓱᒃ, ᑕᑯᔨᓂ
200 ᐃᓄᐃᑦ ᓱᓇᑦ, ᔪᓐᓇ 804
ᐊᑕᐊ, ᑭᓇᓐᓄᓕ
K2P 1L5
(613) 230-3977

ᒥᓐ ᔨᓐ ᑐᐱᐃᓐ
ᐃᓄᐃᓕᓄᐃᑦ ᐊᓪᓚᖅᑎᑦᓯᓐᓂᒃ
ᑐᑭᓯᒋᐊᕐᓇᖅᑐᑦ
ᑐᑭᓯᒪᓂᖅ, ᓄᓇᕗᑦ
X0E 1R0
(403) 979-3189

ᒥᓐ ᒪᓕᓂ ᐊᐃᑦ
ᑭᒡᒐᖅ: ᓇᐅᓴᐃᓄᐃᑦ ᐊᓂᓇᖅᑎᑦ
ᑭᓇᐅᔭᓇᒧᑦ, ᓄᓇᕗᑦ ᒪᓕᒐᓐᓂᒃ
P.O. Box 1320
ᑲᓇᐃᔨ, ᓄᓇᕗᑦ
X1A 2L9
(403) 920-8625

ᑕᕐᓂᓂᒃ ᐱᓕ ᐊᓯᐃᓐ
ᑭᒡᒐᖅ: ᐃᓄᐃᑦ ᑭᓇᐅᔭᓇᒧᑦᓯᓐᓂᒃ
ᑎᑎᕋᖅᑕᐃᓐᓇᑦ ᓴᓇᔨᓴᒃ 2
ᐃᓄᐃᑦ, ᓄᓇᕗᑦ
X0E 0B0
(403) 979-2955

ᒥᓐ ᑭᓇᐅ ᐊᓐᓂᓕ
ᓄᓇᕗᑦ ᓇᓕᓐᓂᐊᑦᑐᑦ ᓴᓪᓚᕆᑦᑐᓐᓂᒃ
P.O. Box 2757
ᑲᓇᐃᔨ, ᓄᓇᕗᑦ
X1A 2R1
(403) 873-2745

ᐊᓇᓐᑐᐃᓕ, ᑲᓐ, H. ᐱᐅᓐ
ᐃᓄᐃᑦ ᑭᓇᐅᔭᓇᒧᑦ ᑲᓪᓚᕆᑦᑐᓐᓂᒃ
Box 118
ᓄᓕᓐ ᐃᑲᓐ, ᓄᓇᕗᑦ
X0E 0Y0
(403) 587-2716

ᑕᕐᓂᓂᒃ ᑲᑦ ᑲᐃᓐ
ᐊᓚᓐᓂᑦᓴᐅᑎᑦ: ᓇᓗᐃᓐᓇᓕᒃ ᑲᓇᐃᔨᓴᒃ
P.O. Box 1617
ᓇᑎᐊᓐ 4-ᖁᓐᓴ, ᓱᓕ ᓱᐊᑦᑐᓐ
ᑲᓇᐃᔨ, ᓄᓇᕗᑦ
X1A 2N8
(403) 873-7592

ᑕᕐᓂᓂᒃ ᑭᓚᐃᓐ
ᑲᑎᕋᖅᑕᐃᓐᓇᑦ ᐊᓪᓚᖅᑎᑦᓯᓐᓂᒃ ᑭᓇᐅᔭᓇᒧᑦᓯᓐᓂᒃ
ᐊᓪᓚᖅᑎᑦᓯᓐᓂᒃ ᑲᓇᑕᒥ ᐊᓂᓇᖅᑎᑦᓯᓐᓂᒃ
ᐊᑐᐊ, ᓄᓇᕗᑦ
K1A 0L2
(613) 952-8220

ᑕᕐᓂᓂᒃ ᐊᓇᐅᓂᓕ ᑭᓇᐃ
ᒪᓕᒐᓐ ᓇᓕᓐᓂᐊᑦᑐᓐᓂᒃ, ᓄᑖᓂᓄᓕᒃ ᐃᓕᓴᐅᑎᑦ
21,111 ᓴᓐ ᐱᐅ ᑭ
ᓴᐃᑦ ᓂ ᑎ ᐱᓇᓱ, ᓄᓐ
H9X 1C8
(514) 398-7842

ᑕᕐᓂᓂᒃ ᑐᓴᐃᓐ ᓚᑦ
ᑭᑎᑦᑕ ᐋᑎᓕ ᑭᓇᐅᒪᓂᑎᑦᓴᐅᑎᓕᒃ ᐊᓂᓇᖅᑎᑦ
ᓇᓗᐃᓐᓇᖅᓴᓐ ᑭᑎᑦᑕ
7-10030-107 ᓱᓇᑦ
T5J 3E4
(403) 427-0836

ᒥᓐ ᐱᓇ ᓂ
ᑲᓇᑕᒫᑦ ᑭᓇᐅᔭᓇᒧᑦᓯ ᓴᓪᓚᕆᑦᑐᓐᓂᒃ ᐱᒋᐊᕐᓇᓂ-
ᑎᑎᕋᖅᑕᓂᒃ ᐊᓂᓇᖅᑎᑦ (XXXDP)
ᓴᓪᓚᕆᑦᑐᓐᓂᒃ ᐊᓂᓇᖅᑎᑦ ᐋᓚᑎᓴᒃᓂᓐ
ᓴᓪᓚᕆᑦᑐᓴᖅᑎᓂᒃᓴᖅᑐᓂ ᐊᓂᓇᖅᑎᑦᓂᒃ
ᑭᓇᐅᔭᓇᒧᑦᓯᓐᓂᒃ ᐊᓂᓇᖅᑎᑦᓂᒃ
ᐃᓱᓪᓗᒋᑦ ᓇᓗᓐᓂᒃ 513-ᓂᓐ ᒪᑦ ᐃᓱᓪᓗᓂᑦ
ᑕᓐᑦ ᑭᑐ
ᐊᑐᐊ, ᓄᓇᕗᑦ
K1A 1B4
(613) 954-0543

ᑕᕐᓂᓂᒃ ᒪᓐᓇᑦ ᓂᐃᑦ
ᑭᒡᒐᖅ: ᕿᑎᓂᓇᓂᒃ ᐊᓂᓇᖅᑎᑦᓯᓐᓂᒃ
ᑭᓇᐅᔭᓇᒧᑦᓯᓐᓂᒃ, ᓄᓇᕗᑦ ᒪᓕᒐᓐᓂᒃ
P.O. Box 1320
ᑲᓇᐃᔨ, ᓄᓇᕗᑦ
X1A 2L9
(403) 873-7857

ᒥᓐ ᐱᓐ ᓂᐃᑦ
ᑭᓇᐅᔭᓇᒧᑦᓯ Lotus ᓴᓪᓚᕆᑦᑐᓐ
ᑭᓇᐅᔭᓇᒧᑦᓯᓐᓂᒃ, ᓄᓇᕗᑦ ᒪᓕᒐᓐᓂᒃ
P.O. Box 1320
ᑲᓇᐃᔨ, ᓄᓇᕗᑦ
X1A 2L9
(403) 873-7888

ᒥᓐ ᓴᓪᓗ ᒪᓕᐯ
ᑭᒡᒐᖅ: ᓄᓇᓕᓐ ᑭᓇᐅᔭᓇᒧᑦᓯ ᐊᓂᓇᖅᑎᑦ
P.O. Box 1320
ᑲᓇᐃᔨ, ᓄᓇᕗᑦ
X1A 2L9
(403) 873-7991

ᒥᓐ ᐃ ᒪᓕᒐᓐ
ᐊᓂᓇᖅᑎᑦᓂᒃᓴᖅᑐᓂ ᐊᓂᓇᖅᑎᑦ ᐊᓂᓇᖅ
ᑭᓇᐅᔭᓇᒧᑦᓯᓐ
P.O. Box 1320
ᑲᓇᐃᔨ, ᓄᓇᕗᑦ
X1A 2L9
(403) 920-3301

ᓯᓚ ᑕᒪᓐ ᓴᓇᓐ
ᐃᓕᓴᕐᑎ: N.W.T. ᐊᓂᓕ ᐊᑐᐊᓕᖅᓯᒪᔪᖅ
P.O. Box 1200
ᖃᐅ ᓇᒃ, ᓄᓇᕗᑦ
X0E 0R0
(403) 874-2281

ᑎ ᑕᓐ ᓴᓪᓚᐅᐅ
ᐅᓇᑎᓯ ᐊᒃᓱᑎᑦ
9527 54 ᐊᑐᓂ
ᖃᓄᐃᓕ, ᓄᓇᕗᑦ
X1A 1R8
(403) 873-6121

ᑎ ᐊᐃᓕᓐ ᒥᓂᑦ
ᐊᒃᐃᑦ ᐱᓕᕆᔨᓐᓂᓕ
P.O. Box 1320
ᖃᓄᐃᓕ, ᓄᓇᕗᑦ
X1A 2L9
(403) 920-8776

ᑎ ᑕᑦ ᓴᓐ
ᐊᓕᓐᓂᖅ, ᓴᓂᓐ ᐊᐅᓚᑦᑎᓯᒪᔪᓐᓇᖅ
P.O. Box 520
ᖃᓄᐃᓕ, ᓄᓇᕗᑦ
X1A 2N4
(403) 920-8465

ᑎ ᓂᒃᐃᑦ ᓴᓇᓐ
ᐊᓚᓐᓂᖅ ᐃᓇᐅᓴᓇᓕᖅ: ᓄᓇᓕᒃ ᐱᓕᕆᔨᓐᓂᓕ
ᐊᑐᓚᓐᓂᓕ ᑎᓴᒪᔨᓐᓂᓕ
ᐃ-ᖁᓕᓐ ᓇᓗᓐᓂ, ᖃᓄᐃᓕ ᓄᓇᕗᑦ
ᖃᓄᐃᓕ, ᓄᓇᕗᑦ
(403) 920-8681

ᑎ ᓴᐃᓪ ᓴᓐ
ᐊᓕᓐᓂᖅ: ᓄᓇᕗᑦ ᐊᐅᓚᐅᖅ ᓴᓪᓕᖁᓕᓐᓂᓪᓗ
P.O. Box 1200
ᖃᐅ ᓇᒃ, ᓄᓇᕗᑦ
X0E-0R0
(403) 874-2468

ᑎ ᓂᒃᓴ ᓇᐃᔭᖅ
ᓴᓇᔨᓴᓐᓂᑦ ᖃᓄᐃᓕᓐᓂᒃᑯᑦ ᐅᖃᐅᓯᕆᔨᓐᓂᖅ
ᓴᓇᔨᓴᓐᓂᑦ ᖃᓄᐃᓕᓐᓂᒃ ᓄᓇᕗᑦ
P.O. Box 10717
ᖃᓄᐃᓕ, ᓄᓇᕗᑦ
(403) 873-7592

ᑎ ᐃᐃᓐ ᓂᕆᓐ
ᐊᒃᐃᑦ ᖃᓄᐃᓕᓐᓂᖅ: ᓄᓇᕗᑦ ᐅᖃᐅᓯᕆᔨᓐᓂᖅ
ᐃᒪᓐᖁᑎ ᓄᓇᓕᖕᓂᖅᓱᒪᓂᖅ
ᐅᓂᒋᓐᓂᖅ, ᓄᓇᕗᑦ
X0A-0B0
(819) 927-8148

ᑎᓪ ᖃᓐ ᐅᓐ
ᐊᒥᓱᓂ: ᐃᓕᓴᕆᓂᕐᓂᒃ ᓴᓪᓕᖁᓕᓐᓂᒃ ᐃᓇᐅᓐ
Box 1888
ᖃᓄᐃᓕ, ᓄᓇᕗᑦ
X1A 2P6
(403) 873-3778

ᑎᓪ ᑎ ᐅᓚᓐ
ᐅᓚᓐᓂᖅ: ᐃᓇᓚᓴᓂᓕᓐᓂᒃᑯᑦ
ᑐᑭᓯ ᓄᓇᕗᓕᖕᓂᖅᓱᒪᓂᖅ
ᐊᒃᐃᑦ, ᓄᓇᕗᑦ
X0C 0E0
(819) 857-2883

ᑎᓪ ᒥᓇ ᐱᑉ
ᓴᓐᑦ ᓴᓪᓕᖁᓕᓐᓂᖅ
ᓴᓐᓄᓕᒃ ᓄᓇᕗᑦ ᐅᖃᐅᓯᕆᔨᓐᓂᖅ, ᐃᑲᓂᖓ C-429
2300 ᑕᑯ ᓱᓄᓂ
ᓴᓐᓄᓕᒃ ᓂᑕᐃᑦ
H3H 1P3
(514) 934-4311

ᑎ ᓴᓇᓂᑦ ᐱᑎᑦ
ᐃᓕᓐᓂᖅ ᐅᖃᐅᓯᕆᔨᓐᓂᖅ ᐊᓂᓚᐅᖅᑐᓂ ᐊᓂᓚᓐᓂ
ᐅᓂ ᓴᓚᐅᑦᑎᑦ, ᓄᓇᕗᑦ
X0E 0J0
(403) 952-2377

ᑎᓪ ᑲᐅᓂ ᐱᑦ
ᓄᓇᕗᒻᒥ ᐅᖃᐅᓯᕆᔨᓐᓂᖅ
ᐅᖃᐅᓯᕆᔨᓐᓂᖅ, ᓄᓇᕗᑦ ᓴᓇᓚᐅᖅᑐᓂ
P.O. Box 1320
ᖃᓄᐃᓕ, ᓄᓇᕗᑦ
X1A 2L9
(403) 920-6280

ᑎᓪ ᔅᑐᐅ ᐅᓐᓇ
ᐅᓚᓐᓂᖅ ᐊᑎᓕᖁᖅ: ᐋᐱᒪᓂᕐ ᐅᖃᐅᓯᕆᔨᓐᓂᖅ
ᑲᑎᒪᔨᖅ ᓄᓇᕗᑦᑎᓯᒪᔪᓐᓇᖅ ᑎᑎᕋᐅᓯᖓᓕ 200
ᐃᖃᓗᐃᑦ, ᓄᓇᕗᑦ
X0A-0H0
(819) 979-5380

ᑎᓪ ᓴᐸᐃᑦ ᓴᓐ
ᐅᖃᐅᓯᕆᔨᓐᓂᖅ ᓄᓇᕗᑦ ᖃᐅᔨᓴᖅ
ᓴᓇᔨᓴᓐᓂᖅ ᒪᓂᓴᓐ
750 ᕿᓚᐃᑦ ᐊᒪᓇ
ᐊᐃᓂᐱᑦ ᒪᓂᓴᓐ
R3E 0W3
(204) 788-6711

ᑎᓪ ᑲᒪᓇ ᓴᓇᖅ
ᑲᓇᑕ ᐅᖃᐅᓯᕆᔨᓐᓂᖅ ᑲᑎᕐᓗᒍᓂᖅ ᓄᓇᕗᑦ
ᐊᓂᓵᓐᓇᖅ
P.O. Box 995
ᖃᓄᐃᓕ, ᓄᓇᕗᑦ
X1A 2N7
(403) 873-4331

ᑎᓪ ᐱᐊᓚ ᑲᑎ
ᐃᓕᓐᓂᖅ ᐅᖃᐅᓯᕆᔨᓐᓂᖅ ᐊᓂᓚᐅᖅᑐᓂ ᐊᓂᓚᓐᓂ
ᐅᓂ ᓴᓚᐅᑦᑎᑦ, ᓄᓇᕗᑦ
X0E 0J0
(403) 952-2377

ᒥᓂ ᐊᓕᐅ ᑭᓄ
ᐊᓇᓱᓂᒃ: ᑭᓯᓚᒥ ᐊᓂᓄᑕᓇᓱᓐᓂᒃᓴᖅ
Box 298
ᑲᑎᓂᓕᖅ, ᓇᓗᓀᐊᖅ
X0C 0G0
(819) 645-2171

ᒥᓂ ᔪᐃ ᓴᓇᐅ
ᑲᓇᑕᒪᒋᔭ ᐊᓂᓄᑕᓇᓱᓐᓂᒃᓴᖅ ᖃᐅᔨᓴᓕᕆᓂᖅ ᐱᔨᓂᓂᓕᓐ-
ᑎᑎᕋᕐᓂᓴᐅ ᐱᓇᓱᐊᖅᑐᒥ (NNHRDP)
ᖃᐅᔨᓴᓇᖅᑐᑦ ᐱᓇᓱᐊᕐᓂᒃᑯᑦ ᐊᓂᓄᑕᓇᓱᓐᓂᒃᓴᖅᓄᓂ
ᖃᐅᔨᓴᕐᓂᓐᓂᕐᓂᒃᑯᑦ ᐱᓇᓱᐊᕐᓂᒃᑯᑦ
ᐊᓂᓄᑕᓇᓱᓐᓂᒃᓴᖅᓄᓂ ᐊᓯᖏᓐᓂᒃᑯᑦ
ᐃᓐᓇᕐᓂᒃ ᓄᓇᕗᒻᒥ 513-ᒥᓂ ᒪᑦ ᐃᓐᓇᐊᖏᓐᓂᒃ
ᑕᓂᑦ ᓴᑐ
ᐊᑐᓕ, ᑭᑎᓀᓛᓂ
K1A 1B4
(613) 954-8553

ᒥᑎᓇ ᓴᓐᓇᑦ
ᑐᓴ ᐊᑦ ᐱᑦ ᐱᖃᓐᓇᓕᓐᑐᑦ ᑎᑎᕋᕐᓂᑦ
5089 -51 ᐊᕐᓇ
ᑲᓇᐃᑦ, ᓇᓗᓀᐊᖅ
X1A 1B5
(403) 873-2864

ᒋᓂ ᐊᑐ ᓯᐊ
7904-135th ᓯᑐᑦ
ᐃᓂᖏᓐᓂᑦ, ᐃᑲᔪᖅ
T5R-0B5
(403) 483-5070

ᒥ ᕆᐅᓂ ᑭ
ᓂᖏᓐᓂᑲᑎᓂ ᓴᓇᓂ ᐊᓂᓄᑕᓇᓱᓐᓂᒃᓴᖅ ᓇᑦᓯᐊᓂ:
ᓴᓇᓂ ᐊᓂᓄᑕᓇᓱᐊᖅ
ᐊᓂᓄᑕᓇᓱᓐᓂᒃᓴᖅᓄᓂ ᐊᓂᓄᑕᓇᓱᓐᓂᒃᓴᖅᓄᓂ
3-ᒥᓂ ᓇᑎᐊᓂ, ᔪᓐ ᔨ ᐃᓐᓇᐊᖏᓐᓂᒃ
ᑲᓇᐃᑦ, ᓇᓗᓀᐊᖅ
X1A 2R3
(403) 920-6541

ᒥ ᒥᓴᓗᑦ ᓱᕈᓐᑲ
ᐊᐱᑐᐊᒪᓂᑲᑎᓂ ᓇᑦᓯᐊᓂ: ᐊᓂᓄᑕᓇᓱᐊᖅᑐᑦ
ᓴᓇᓂ 2 ᐊᓂᓄᑕᓇᓱᐊᖅ ᐊᓯᓂ
ᐊᐃᓕᐊᐅᓂ, ᓱᓐ
Y1A 3H8
(403) 668-4461

ᒥ ᔨᓂ ᓂᑦ
ᐃᓐᓇᑐᓴᐃᑦ ᓇᑦᓯᐊᖅᑎᑦ: ᒪᓕᓱᑦ ᐊᓂᓄᑕᓇᓱᐊᖅᑐᓂᒃ
P.O. Box 520
ᑲᓇᐃᑦ, ᓇᓗᓀᐊᖅ
X1A 2N4
(403) 920-8465

ᒥ ᐊᑲᑦ ᓱᑦᓱ
2026 ᓴᓐ ᐊᕐᓇ
ᓴᓐ ᐱᓱ
Y9W 4A5
(604) 339-5237

ᒥ ᔨᓴᓐ ᓱᑎᑦᓯᑦ
ᑲᓇᑕ ᐃᓕᑐᐊᖅᑎᑦ ᐃᓕᓴᕐᓂᑦ, ᐊᓂᓄᑕᓇᓱᓐᓂᒃ
Box 2568
ᑲᓇᐃᑦ, ᓇᓗᓀᐊᖅ
X1A 2P9
(403) 873-3198

ᒥ ᒥᑦᑕ ᓱᓕᑦ
ᓂᓪᓕᖅ ᐃᓕᓴᕐᓂᐊᕐᓂᒃᓴᖅ, ᐊᓂᓄᑕᓇᓱᓐᓂᒃ
ᑲᑎᑦᑐᑦ, ᐃᓂᓄᐊᓕᓐᓂᑦ
P.O. Box 1769
ᑲᓇᐃᑦ, ᓇᓗᓀᐊᖅ
X1A 2P3
(403) 873-7192

ᒥ ᓱᑲ ᐅᓐ ᑭᓐᓇ
ᓂᓪᓕᖅ: ᐊᑐᓂᓇᓱᓐᓂᒃ ᖃᐅᔨᓴᓕᕆᓂᖅ
ᐊᓂᓄᑕᓇᓱᓐᓂᒃᓴᖅ, ᓇᓗᓀᐊᖅ ᒪᓕᒐᓱᐊᖅᑐᑦ
P.O. Box 1320
ᑲᓇᐃᑦ, ᓇᓗᓀᐊᖅ
X1A 2L9
(403) 873-7791

ᖃᐃᓱᐊᓂᓕᕆᓂᖅᓴᓇᓄᑦ ᐃᓂᓕᐊᓂᓇᓕᕆᓂᖅᓴᖅ:

ᒥ ᐱᑦ ᐊᐱ
ᑲᓪ ᐃᓂᓄᐊᓂᓂᒃ ᑲᓇᑕᓇᓱᓐᓂᒃ ᐃᓚᓇᓱᓐᓂᒃ
250 ᑲᓂᑦ ᓯᑐᑦ
ᑐᓴᐅ, ᑭᑎᓀᓛᓂ
M5T 1R8
(416) 979-5679

ᒥ ᐊᓄ ᕿᐃᖏᐃᑦ
ᐃᓱᐊᐅᑦ: ᐃᓇᐃᓚᐃᑦ ᐃᓄᓕᓇᓱᐊᖅᑐᓂᒃ
P.O. Box 2000
ᐃᓇᑦ, ᓇᓗᓀᐊᖅ
X0E 0T0
(403) 979-3189

ᒥ ᓯᑎᒃ ᑲᓚᓂ
ᓂᓪᓕᖅᑐᑦ ᐃᓇᖏᓚᓐᓇᓕᓐ: ᐃᓱᓂᑦ
ᑲᑐᖃᓐᑎᑦᑐᓂᒃ
P.O. Box 2338
ᑲᓇᐃᑦ, ᓇᓗᓀᐊᖅ
X1A 2P7
(403) 873-4131

ᒥᓂ ᒪᑦ ᑭᓐᓇᑦ
ᓂᓪᓕᖅᑐᑦ: ᐅᑭᐅᑦᑕᓂᑦ ᐃᓂᓄᐊᓂᓂᒃᓴᖅ
P.O. Box 1769
ᑲᓇᐃᑦ, ᓇᓗᓀᐊᖅ
X1A 2P3
(403) 873-7192

ᒥ ᑦᓂ ᐃᓯᓕᐊᓂᒃ
ᐃᓇᐃᓚᐃᑦ ᐱᔨᓂᓂᓕᓐᓂᑲᑎᓂᓂᒃᓴᖅ ᐊᓂᓄᑕᓇᓱᓐᓂᒃ
ᑲᓇᐃᑦ, ᓇᓗᓀᐊᖅ
X0E 0B0
(403) 979-3189

ᑎᓪᓗ ᓴᓐ ᓂᓐ
ᐊᓕᓴᐅᓐ: ᓄᓇᕗᑦ ᐃᓄᖕᓇᖅᑐᑦ ᑲᑎᕋᓱᐊᕐᓂᖅ
2834 ᐱᓕᕆᓂ ᑐᓴᐃᓐ
ᑲᓇᐃᓐ, ᓄᓇᕗᑦ
(403) 873-4745

ᑎᓪᓗ ᕈᓐ ᐅᑐᑭᐱᐃᓪᓕ
ᐊᓕᓴᐅᓐ: ᐊᑐᕐᓂᓕᕆᓂᖅ ᑲᑎᕋᓱᐊᕐᓂᖅ
ᓄᓇᕗᑦ ᓴᓇᓕᓂᐊᕐᓂᖅ
ᓄᓇᕗᑦ ᓴᓇᓖᑦᓯᐊᖅ
(403) 873-7232

ᐃᓄᖕᓇᖅᑐᑦ C

ᐱᓇᓱᑦ ᐱᓇᓴᕐᓯᓇᑦᓴᓐᓇᖅᑐᓂᒃ

ᐃᓕᓴᐅᓪᓚᑦ, ᐱᓇᓴᓴᓇᖅᑐᓂᒃ
ᑎᑭᓇ ᐊᑦ ᑭᒃᑯ ᐊᓕᓴᐅᓐ
ᓴᓇᓕᓂᐊᕐᓂᖅ ᐊᑐᕐᓂᓕᕆᓂᖅ
ᐊᓂᓕᕆᓂᖅ
ᓄᓇᕗᑦ ᓴᓇᓖᑦᓯᐊᖅ

ᐱᓇᓴᖅ ᐃᓕᓴᐅᓐᓂᐅᒃ
ᑭᓪᓕ ᐃᓗᑦ ᑎᑭᓇ, ᐊᓕᓴᐅᓐ ᐊᑐᕐᓂᓕᕆᓂᖅ
ᐅᓇᓱᐊᑦ, ᓄᓇᕗᑦ

ᐱᓇᓴᖅ ᐊᓯᖏᓪᓗᑎᒃᑐᖅ
ᑎᑭᓇ ᑲᓇᑦ ᓴᓪᓕᐊᔪ, ᐅᓂᒃᑯᑦ ᐊᑐᕐᓂᓕᕆᓂᖅ
ᐅᓇᓱᐊᑦ

ᐱᓇᓴᕐᓯᓇᑦᓴᓐᓇᖅᑐᓂᒃ ᐃᓚᐅᑦ

ᑭᓪᓕ ᐅᓪᓗ ᐅᐃᓐ
ᐊᓕᓴᐅᓐ ᐊᓯᖏᓪᓗᑎᒃ, ᓇᓗᓇᓐᓄᑦ ᑲᑎᕋᓱᐊᕐᓂᖅ
ᓄᓇᕗᑦ

ᑎᑭᓇ ᐋᑦᓴᐃᓐ
ᐅᓂᒃᑯᑦ ᐊᑐᕐᓂᓕᕆᓂᖅ, ᓄᓇᕗᑦ
ᓴᓇᓖᑦᓯᐊᖅ

ᑎᑭᓇ ᐃᓐᓇᐃᓐ
ᐅᓂᒃᑯᑦ ᐊᑐᕐᓂᓕᕆᓂᖅ
ᓇᓗᓇᓐᓄᑦ ᑲᑎᕋᓱᐊᕐᓂᖅ
ᓄᓇᕗᑦ

ᑎᑭᓇ ᓚᐃᓪ ᓴᑦ
ᐃᓕᓴᐅᓪᓚᑦ/ᐃᓕᓴᐅᓐᓂᖅ
ᓇᓗᓇᓐᓄᑦ ᑲᑎᕋᓱᐊᕐᓂᖅ ᓄᓇᕗᑦ

ᐃᓄᖕᓇᖅᑐᑦ D

ᑐᓴᓂᓕᕆᓂᖅ ᑲᑎᕋᓱᐊᕐᓂᖅ

ᑎᓯᓕᕆᓂᖅ ᐊᓯ ᑲᓇᕐᓂᐊᓕᕆᓂᖅ

ᑎᓯᓕᕆᓂᖅ ᐊᑐᕐᓂᓕᕆᓂᖅᓄᑦ ᓄᓇᕗᑦ ᓴᓇᓖᑦᓯᐊᖅᓄᑦ

ᐅᐊᖑᑦ 28, 1989

ᐃᓕᓴᐅᓪᓚᑦ, ᓂᓚᓐ ᐊᒻᒪᓗ:

ᑐᓴᓂᓕᕆᓂᖅ ᓄᓇᕗᑦ ᓯᑯᓂᑦ ᐊᑐᕐᓂᓕᕆᓂᓄᑦ ᑲᑎᕋᓱᐊᕐᓂᓄᑦ ᐱᓇᓴᕐᓯᓇᑦᓴᓐᓇᖅᑐᓂᒃᓴᑦ, ᐅᐱᓕᕆᓂᖅᓱᒋᑦ ᐃᓚᐅᑦ ᐊᑐᕐᓂᓕᕆᓂᖅᓄᑦ ᐱᓇᓴᕐᓯᓇᑦᓴᓐᓇᖅᑐᓂᒃᓴᑦ, ᐊᓯᖏᓪᓗᑎᒃᑐᖅ ᐊᑐᕐᓂᓕᕆᓂᖅᓄᑦ ᐊᓯᖏᓪᓗᑎᒃᑐᖅ ᐊᑐᕐᓂᓕᕆᓂᖅᓄᑦ

ᑲᑎᒪᔨᖅᑐᑦ ᐊᖏᓚᐅᖅᓯᓐ ᐊᑐᕐᕕᖓ ᐊᑐᐃᓐᓇᑲᓇᑕᐅᓂᖅ, ᑲᑎᒪᔨᖅᑐᑦ ᐊᑐᕐᕕᖓᓄᑦᑐᓂ ᓴᑲᓂᐊᑕᐅᓂᓐᓂᑦ ᐊᓐᓂᖏᓐᓂᖅ: ᓴᑲᓂᐊᑕᐅᓂᓐᓂᑦ ᓴᖏᓪᓗᒍ, ᑎᓪᓗᒍᓄᑦᓯᐅᓂᓐᓂᑦ ᓂᖏ ᑭᐅᐃᓐᓇᓕᑦ ᐊᑐᐃᓐᓇᑲᓇᑕᐅᓂᓐᓂᑦ ᑎᑎᕋᕐᕕᖓᓄᑦ ᑎᓪᓗᒍᓄᑦᓯᐅᓂᓐᓂᑦ ᑲᑎᒪᔨᖅᑐᑦ ᑕᒪᐃᓐᓇᑦ.

ᑎᓪᓗᒍᓄᑦᓯᐅᓂᓐᓂᑦ ᑲᑎᒪᔨᖅ ᑎᓪᓗᒍᓄᑦᓯᐅᓂᓐᓂᑦ ᑐᑭᓯᐅᓂᓐᓂᑦ ᑲᑎᒪᔨᖅᑐᑦ ᐊᑐᐃᓐᓇᑲᓇᑕᐅᓂᓐᓂᑦ. ᑐᓴᕐᓗᒍ ᑕᒪᐃᓐᓇᑦ ᓴᓇᓂᓕᕆᓂᖅ ᐊᑐᐃᓐᓇᑲᓇᑕᐅᓂᓐᓂᑦ ᐊᑐᐃᓐᓇᑲᓇᑕᐅᓂᓐᓂᑦ ᐃᓄᐃᑦ ᐊᑐᐃᓐᓇᑲᓇᑕᐅᓂᓐᓂ

ᐅᖃᐅᓯᖅᑕᕐᓂᖅᐸᓪᓕᐊᓂᖅ ᐃᓕᓴᕐᓂᖅ ᐊᑎᖏᑐᑎᑎᑦᑕᐅᓪᓕᐊᓂᖅ ᑕᕐᓂ-ᓴᐅᓕᐅᑎᖅ ᐃᓕᓴᕐᓂᖅᑐᑦ ᑐᑭᓯᐊᓂᖅᑐᑦ ᐃᓕᓴᕐᓂᖅᑐᑦ ᑐᑭᓯᐊᓂᖅᑐᑦ. ᐱᓕᕆᔨᖅᑐᓂ ᑲᑎᒪᔨᓂ ᐅᖃᐅᓯᖅᑕᕐᓂᖅᐸᓪᓕᐊᓂᖅ, ᐊᒻᒪᓗᓯᓚᐅᖅ, ᐊᒻᒪᓗᓯᓚᐅᖅ ᐃᓚᖓᑕᐅᓪᓕᐊᓂᖅ ᒪᓕᒐᓚᐅᖅ ᐊᒻᒪᓗᓯᓚᐅᖅ ᐃᓚᖓᑕᐅᓪᓕᐊᓂ

ᖃᓄᐃᓂᒃ ᑲᑎᕐᓂᖅᓯᒪᔨᓂᖅᓴᓂᒃ ᑕᒪᓐᓇ ᐱᓕᕆᔨᒃᑯᓐᓂᒃ ᐃᓕᓴᕐᕕᓂᖅ, ᑭᓱᓕᓐ ᐃᓐᓇᕐᓂᐅᓐᓂᒃ ᐃᓕᓴᕐᓂᖅ ᐃᓕᓴᕐᕕᓂᒃᓯ ᑲᑎᕐᓂᖅ ᐃᓚᖏᑦᑐᓕᕆᓂᖅᑐᑦ.

ᐃᓕᓴᕐᓂᑦ ᑲᓇᑕᒥᓂᑦ ᐃᓕᓴᕐᓂᖅᓯᓂᖅᓴᐅᓂᑦ ᑲᑎᒪᓂᖅ, ᐅᖃᓕᒫᓂᖅᓯᒪᓂᖅ ᐃᓕᓴᕐᓂᖅ ᐃᓱᒪᒋᔭᖅ ᐃᓕᓴᕐᓂᖅ ᐃᓕᓴᕐᓂᖅᓯᓂᖅᓴᐅᓂᑦ ᐃᓐᓇᕐᓂᐅᓐᓂᒃ ᐃᓕᓴᕐᓂᖅᓯᒪ

ᓴᓐᓂᐊᕐᓂᖅ, ᓄᓇᒃᑯ, ᑕᓪᓕᐊᓂᓪ ᐊᓐᓂᐊᓕᓐᓂᑦ ᑎᑭᓚᓐᓂᑦ ᐅᑭᐅᒡᒎᑦ ᑎᑎᕋᓐᓂ, ᓂᕆᐅᓂᓪ, ᐃᖅᓯᓂᓪ. ᑕᒪᐃᓐᓇᖅᑐᑦ ᐊᓐᓂᐊᓕᓐᓂᖅ ᓄᓇᕗᑦᑐᒃᑐᑦ ᐊᓯᓂᖅᓯᒪᓕᖅᑐᑦ, ᓴᓇᔨᓐᓂᒃᑯᓐᓂᒃ ᓄᓇᓕ ᐊᓯᐅᓚᐅᖅᑎᓪᓗᒍ ᐱᓕᕆᔨᒃᑯᐃᓐᓇᖅᑐᑦ.

ᑎᑎᕋᓐᓂᑦ ᓴᓇᔨᓂᓕᖅᑐᑦ ᐃᓕᓴᐅᔪᖅᑐᑦ

ᒎᓕᒪ ᑎᑎᒪᓂᐅᔨᓪ ᑭᐅᐃᑎᑎᓂᑦ, ᐱᓕᕆᓂᖅᑐᑦ, ᑭᑐᖅᑐᖅᑐᑦ, ᐱᓇᓱᐊᖅᑐᑦ, ᑭᒪᓐᓇᖅᑐᑦ ᐊᐃᑦ ᐊᑐᓂᐊᓕᓐᓂᑦ ᐊᐅᓚᑦᑎᓂᖅᑐᑦ, ᐊᓯᐅᓚᐅᖅᑎᓪᓗᒍ ᐊᓐᓂᐊᓕᓐᓂᑦ

ᓄᓇᕗᑦ F

ᐅᖃᐅᓯᖏᓐᓂᒃ ᐅᖃᐅᓯᕐᓗᐃᑦ

ᒥᑉ ᓄᓇ ᓂ
ᑲᓇᑕᒥ ᐊᓂᔑᓇᓯᓂᖅᓴᓐ ᖃᐅᔨᓴᖅ
ᐱᔪᓐᓇᖅᑐᑎᓯᓂᖅ ᐱᓕᕆᔨᖏᑦ
ᐊᓂᔑᓇᓯᓂᖅᓴᖅᑕᐅᓯᖏᓐᓂᖅ ᑲᓇᑕᒥ
ᐊᑐᕐᓂᖅ

ᐯᓂ 29, 1989

ᐱᖓᓱᒥ, ᐃᓕᓴᐅᒪᓂ, ᑎᓪᓗᒍ ᐊᓐᓇᓗ ᐊᑐᑎᓪ. ᑎᓪᓗᒍ.

ᑎᑎᕋ ᓴᖅᓯᐅᑉᑐᒃ, ᐊᐅᓚᑦᑎᓐᓄᑦ ᐱᓕᕆᓂᖅ ᐃᓄᐃᑦᑎᓂᖅ, ᐊᑎᓂ ᑕᐃᒃ ᓇᓂᒍᑦ, ᑲᓇᐃᔨᓪᓗ, ᑲᑎᒪᔨᓂᖅ, ᐊᐱᖅᑯᓂᖅ, ᐊᐱᖅᓯᖏᓐᓂᖅ. ᐊᑎᓪᓚᕆᒃᑐᓕᕆᓂᖅᓴᖅ ᑎᑎᕋᑎᑦᑎᓂᖅ ᐃᓄᐃᑦᑎᓂᖅ ᐊᑎᓪᓚᕆᒃᑐᓕᕆᓂᖅᓴᖅ ᐊᑐᕐᓂᖅ ᐊᓯᔾᔨᖅᑕᐅᓂᖅ ᐊᑐᕐᓂᖅ ᐃᓄᐃᑦᑎᓂᖅ ᐊᑎᓪᓚᕆᒃᑐᓕᕆᓂᖅᓴᖅ ᐊᑐᕐᓂᖅ ᐊᑎᓪᓚᕆᒃᑐᓕᕆᓂᖅᓴᖅᑕᐅᓯᖏᓐᓂ

ᓇᓱᑐᖃᕐᑐᒃ ᓇᓱᑐᖃᕐᑐᓗ ᐱᓕᓴᖅᑕᐅᔪᓕᓕᒫᓂᖅ ᑕᐃᓕᓴᕐᓂᖅ ᐱᓕᓴᕐᓯᑎᓂ, ᖃᐅᔨᓴᖅᑕᐅᔪᓂ, ᖃᐅᔨᓴᖅᑕᐅᔪᓂᓕᕆᓂᖅᓱᓂ, ᖃᐅᔨᓴᖅᑕᐅᓂᖅᓱᓂ ᐱᓕᓴᕐᓯᑎᓂ ᐃᓕᓴᕐᓂᖅᑕᐅᔪᓂᓕᕆᓂᖅᓱᓂ, ᐊᑐᓕᖅᑐᓂ ᐃᓕᓴᕐᓂᖅᑕᐅᔪᓂᓕᕆᓂᖅᓱᓂ ᐊᑐᓕᖅᑐᓂ ᐃᓕᓴᕐᓂᖅᑕᐅᔪᓂᓕᕆᓂᖅᓱ

ᐊᓂᔪᓂᖅ ᓄᓇᕗᑦ, ᐱᓕᕆᐊᖃᓕᒫᓂᒃ ᐊᔪᕐᓇᖅᑐᓂᒃ, ᐊᓂᔪᓂᖅ ᐃᓚᐅᑎᑦᓯᓚᐅᖅᑐᑦ ᐃᓚᖓᔪᖅ. ᑲᑎᒪᔨᖅᑕᐅᓂᒃ ᓄᓇᓕᒫᓂᒃ ᐱᔪᓐᓇᖅᑐᓂᒃ ᐊᔪᕐᓇᖅᑐᓂᒃ, ᐊᔪᕐᓇᖅᑐᓂᒃ ᐊᔪᕐᓇᖅᑐᓂᒃ ᐱᔪᓐᓇᖅᑐᓂᒃ ᐊᔪᕐᓇᖅᑐᓂᒃ ᐊᔪᕐᓇᖅᑐᓂᒃ ᐱᔪ